

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

AND FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**APPLICATION FOR REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # G06996**

1. Corporation Name  
**GENTRY ENGINEERING AND LAND SURVEYING, INC.**

Principal Place of Business	Mailing Address
% BURLISON A. GENTRY P.O. BOX 243 DELRAY BCH FL 33444-7243 US	% BURLISON A. GENTRY P.O. BOX 243 DELRAY BCH FL 33444-7243 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



**REINSTATEMENT** 98

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida	10/28/1982
5. FEI Number	59-2233432
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
S	GENTRY, BARBARA LEE	450 N.E. 6TH AVENUE 1005 S. CONGRESS AVE, SU109	DELRAY BEACH FL (33445)
DP	GENTRY, BURLISON	450 N.E. 6TH AVE 1005 S. CONGRESS AVE. (SU109)	DELRAY BEACH FL (33445)
VD	GENTRY, BARBARA LEE	450 N.E. 6TH AVE 1005 S. CONGRESS AVE (SU109)	DELRAY BEACH FL (33445)
T	GENTRY, BURLISON	450 N.E. 6TH AVENUE 1005 S. CONGRESS AVE. (SU109)	DELRAY BEACH FL (33445)

8. Name and Address of Current Registered Agent

GENTRY, BURLISON A  
3816 NW 7TH CT  
DELRAY BCH FL 33445

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc. 300002743093-0  
City State Zip  
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *[Signature]* REGISTERED AGENT MUST SIGN

Date: 12/21/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]* BURLISON A. GENTRY 12/21/98 (561) 272-1924

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (9/98)