

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 DEC 14 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H11045

1. Corporation Name

Ground Improvement Techniques, Inc.

2. Principal Office Address

1363 Down River Drive

Suite, Apt. #, etc.

City & State

Woodland, WA

Zip

98674

Country

3. Mailing Office Address

1363 Down River Drive

Suite, Apt. #, etc.

City & State

Woodland, WA

Zip

98674

Country

REINSTATEMENT 03-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

07/05/1984

5. FEI Number

251472949

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Intrastate Registered Agent Corporation

Street Address (P.O. Box Number is Not Acceptable)

200 S. Orange Avenue

Suite, Apt. #, etc.

Suite 2600

City

Orlando

State

FL

Zip Code

32801

100062588331
01/04/06 01004 026 **1090.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Mark E. Holcomb
REGISTERED AGENT MUST SIGN

Date

12/14/05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D,P	Robert E. Kinghorn	1363 Down River Drive	Woodland, WA 98674

10. 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:

R.E. Kinghorn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/06/05

Daytime Phone #

360

5185254

@ Mitchell DEC 14 2005