

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY -6 AM 8:00

DOCUMENT # 577600

1. Corporation Name
**PROFESSIONAL
PROFESSIONAL SURVEY SYSTEMS, INC.**
3226 RIVER ROAD
GREEN COVE SPRINGS, FL 32043

REINSTATEMENT

02-03

MRS

500032111385
04/07/04--01066--007 **300.00

2. Principal Office Address 3226 RIVER ROAD Suite, Apt. #, etc.		3. Mailing Office Address 3226 RIVER ROAD Suite, Apt. #, etc.	
City & State GREEN COVE SPRINGS, FL		City & State GREEN COVE SPRINGS, FL	
Zip 32043	Country USA	Zip 32043	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 6/11/1987	
5. FEI Number 59-2812759	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
WRIGHT, CLABOURNE H., III
Street Address (P.O. Box Number is Not Acceptable)
3226 RIVER ROAD
Suite, Apt. #, Etc.
City
GREEN COVE SPRINGS

500032111385
05/06/04--01072--020 **150.00

State
FL
Zip Code
32043

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

Clabourne H. Wright, III

REGISTERED AGENT MUST SIGN

Date

4-2-2004

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
P	WRIGHT, CLABOURNE H., III	3226 RIVER ROAD	GREEN COVE SPRINGS, FL 32043

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

Clabourne H. Wright, III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/04

Date

904-272-3696

Daytime Phone #

CR2E001 (01/04)



Complete Accounting Solutions

4444 Merrimac Avenue
Jacksonville, FL 32210
E-mail: Davidakins@cpacomplete.com
Website: www.cpacomplete.com

Phone: (904) 388-5700
Fax: (904) 388-7843

2072

April 2, 2004

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: Professional Survey Systems, Inc.
Document Number: J77600

To Whom It May Concern:

Enclosed is the Corporation Reinstatement form along with the corporation fees for the years 2002 and 2003 (\$150 each year, totaling \$300). My client did not receive the annual report from your office due to their moving to a new address. Thus, for "reasonable causes" we respectfully request that you abate any penalties that might be assessed for reinstatement.

Thank you for your cooperation in this matter. Call me if you have any questions.

Respectfully,

David L. Akins, CPA