

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **L16353**

1. Corporation Name  
**MICHAEL E. PETULLA PROFESSIONAL LAND SURVEYING, INC.**

Principal Place of Business Mailing Address  
**362 B GRANT STREET 362 B GRANT STREET**  
**LONGWOOD FL 32750 LONGWOOD FL 32750**

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

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**1280 SEMINOLA BLVD 1280 SEMINOLA BLVD**  
 City & State City & State  
**CASSEL BERRY FL 32707 CASSEL BERRY FL**  
 Zip Country Zip Country  
**32707 SEMINOLE 32707 SEMINOLE**

4. Date Incorporated or Qualified To Do Business in Florida **09/14/1989** *mwb*  
 5. FEI Number **59-2978142** Applied For Not Applicable  
 6. CERTIFICATE OF STATUS DESIRED  \$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
PST	PETULLA, MICHAEL E	4280 STEED TERRACE	WINTER PARK FL
VD	PETULLA, MICHAEL E	4280 STEED TERRACE	WINTER PARK FL
			300002099183--9 -02/26/97--01127--009 ****375.00 ****375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**GREENBERG, WILLIAM A**  
**6500 HIGHWAY 17-92**  
**FERN PARK FL 32730**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City State Zip Code  
**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]* Date \_\_\_\_\_  
 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(l), 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: *Michael E. Petulla* 12-12-96 407-696-0146  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
 97 FEB 26 AM 8:51  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



REINSTATEMENT 96

CR2E040 (7/96)