

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 00 DEC 13 PM 1:31	
DOCUMENT # <b>L16953</b>					
1. Corporation Name <b>PIONEER SURVEYORS, INC.</b>					
Principal Place of Business <b>7757 JOHNSON ST. PEMBROKE PINES FL 33024 US</b>		Mailing Address <b>7757 JOHNSON ST. PEMBROKE PINES FL 33024 US</b>			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.				<b>REINSTATEMENT 00</b>	
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <b>09/20/1989</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>65-0149612</b>	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	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	4 City / State / Zip		
PD	JOHNSTON, LOUIE P.	9821 N.W. 22 STREET	PEMBROKE PINES FL		
STD	JOHNSTON, SHARON S.	9821 N.W. 22 STREET	PEMBROKE PINES FL		
			600003506166--E -12/19/00--01079--020 ****750.00 ****750.00		
					
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
BORNSTEIN, STEVEN L. 9900 STIRLING RD. 6151 MIRAMAR PKWY COOPER CITY FL 33024			Name <b>BARRY ALAN WILSON ESQ</b> Street Address (P.O. Box Numbers Not Acceptable) <b>4601 STERIVAN ST-#208</b> Suite, Apt. #, Etc. <b>#</b> City <b>Hollywood</b> State <b>FL</b> Zip Code <b>33021</b>		
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  <b>REQUIRED</b> REGISTERED AGENT MUST SIGN			Date <b>12/10/00</b>		
11. 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:  <b>REQUIRED</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>12/10/00</b> Daytime Phone # <b>954-962-9334</b>		

CR2E040 (8/00)