


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**  
**May 05, 2003 8:00 A.M**  
**Secretary of State**

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 00000026390

1. Corporation Name  
J.H. MCCARRIER LAND SURVEYING, INC.

2. Principal Office Address <u>2460 SUNRISE BLVD.</u>		3. Mailing Office Address <u>SAME</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>FORT MYERS, FL</u>		City & State	
Zip <u>33907</u>	Country <u>LEE</u>	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 03/15/2000

5. FEI Number 65-0993281 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 JUDITH H. MCCARRIER

Street Address (P.O. Box Number is Not Acceptable) 2460 SUNRISE BLVD. 000018965470

Suite, Apt. #, Etc.

City FORT MYERS State FL Zip Code 33907

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 Judith H. McCarrin Date 4-14-03

REGISTERED AGENT MUST SIGN

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	JUDITH H. MCCARRIER	2460 SUNRISE BLVD.	FORT MYERS, FL 33907

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: Judith H. McCarrin DIRECTOR/PRESIDENT 3-7-03 239-277-7821

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

REINSTATEMENT 01-03 TS

CR2E081 (10/02)