


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P0000092083 1. Entity Name ALPHA SURVEYING AND MAPPING, INC.	
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Principal Place of Business 25 PALM HARBOR VILLAGE WAY SUITE 1 PALM COAST, FL 32137	Mailing Address 25 PALM HARBOR VILLAGE WAY SUITE 1 PALM COAST, FL 32137
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3676987	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

FILED

04 DEC -6 PM 4: 12

SECRETARY OF STATE



11302004 REIN-P CR2E098 (6/04)

6. Name and Address of Current Registered Agent SAVY, BENJAMIN 2825 NORTH OCEANSHORE BLVD. BEVERLY BEACH, FL 32136	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE David Wilcox DATE 11/30/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILCOX, DAN A	NAME	800043213398
STREET ADDRESS	12500 HWY 11	STREET ADDRESS	12/06/04--01047--016 **150.00
CITY-ST-ZIP	BUNNELL, FL 32110	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILCOX, DAVID T	NAME	
STREET ADDRESS	8210 C.R. 304	STREET ADDRESS	
CITY-ST-ZIP	BUNNELL, FL 32110	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILCOX, SAGE M	NAME	
STREET ADDRESS	8210 C.R. 304	STREET ADDRESS	
CITY-ST-ZIP	BUNNELL, FL 32110	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David Wilcox DATE 11/30/04 (386) 446-0905

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