

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

DOCUMENT # **P01000015317**

02 NOV -6 PM 4:53

1. Corporation Name

A & A SURVEYING SERVICES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500008837155

117 007 02--01154--014 **150.00

Principal Place of Business

Mailing Address

~~1906 NW 45TH COURT~~
TAMARAC FL 33309

~~1906 NW 45TH COURT~~
TAMARAC FL 33309



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

4. Date Incorporated or Qualified
To Do Business in Florida

02/08/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1076985

Applied For

Not Applicable

City & State

5508 WATER OAK PL

City & State

5508 WATER OAK PL

Zip

Country

33319

Zip

Country

33319

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	RAVELO, ARSENIO	1906 NW 45TH COURT	TAMARAC FL 33309

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RAVELO, ARSENIO

~~1906 NW 45TH COURT~~

TAMARAC FL ~~33309~~

Name

Street Address (P.O. Box Number is Not Acceptable)

5508 WATER OAK PLACE

Suite, Apt. #, Etc.

City

State
FL

Zip Code
33319

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/28/02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/02 954-474-1130

Date

Daytime Phone #

CR2E040 (8/02)

20f2

Richard L. Lederman

ACCOUNTANT
TAXES AND BUSINESS CONSULTATION

4 N.W. 108th WAY
PLANTATION, FLORIDA 33324
Office: 954-474-1130
FAX: 954-424-6640
e-mail: debittman@aol.com

October 28, 2002

Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: A&A Surveying Services, Inc.
2002 Corporation Annual Report

Dear Sir:

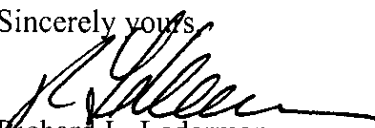
My client named above received the attached Notice of Administrative Dissolution or Revocation.

This first year corporation, incorporated on February 8, 2001 moved their offices near the end of the year from 1906 NW 45th Court, Tamarac, FL to 5508 Water Oak Place, Tamarac, FL. They never received the renewal notice for year 2002 or subsequent mailings warning of the possibility of dissolution. They received this latest notice the other day and immediately contacted my office.

As this is a first year renewal and the officers never received the mailings and were unaware that they were required to file a form, I herewith request that the renewal penalty be abated. Enclosed please find their check for the annual filing fee in anticipation that the penalty will be waived.

Thank you for your kind consideration in this matter.

Sincerely yours,


Richard L. Lederman
RICHARD L. LEDERMAN, PA