

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
02 NOV 12 AM 9:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P01000055288*

1. Corporation Name

*Ground Works Plus, Inc.*

300009083653  
11/19/02--01069--002 \*\*150.00

2. Principal Office Address

*1357 N.E. OCEAN BLVD*

Suite, Apt. #, etc.

*201*

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

City & State

*Stuart*

Zip

Country

*FL*

Zip

Country

*34996*

4. Date Incorporated or Qualified  
To Do Business in Florida

*5/29/01*

5. FEI Number

*65-1113161*

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

*Betty M. Cusa*

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

*1357 N.E. OCEAN BLVD*

Suite, Apt. #, Etc.

*201*

City

*Stuart*

State  
*FL*

Zip Code

*34996*

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

*Betty M. Cusa*

REGISTERED AGENT MUST SIGN

Date *11-06-02*

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
PD	<i>Betty M. Cusa</i>	<i>1357 N.E. OCEAN BLVD #201</i>	<i>STUART FL 34996</i>
VD	<i>ANTONIO CUSA</i>	<i>1357 N.E. OCEAN BLVD #201</i>	<i>STUART FL 34996</i>

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:

*Betty M. Cusa*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*11-06-02*

Date

*772-334-4705*

Daytime Phone #

CR2E081 (9/01)

November 6, 2002

Florida Dept. of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

It has come to my attention that my attorney Michael L. Dale didn't file the annual uniform business report. His excuse was that it was not received because he moved his office. At this time, I would like to request that the penalty for late filing be removed and that you accept the enclosed reinstatement along with the fee of \$150.00.

Thank you for your consideration in this matter and please be assured I have taken steps to correct this situation by changing the registered agent. If you are in need of any additional information, please feel free to call me at 772-334-4705.

Sincerely,



Betty M. Cusa  
President

BC/ems

Enclosure