

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000057521

1. Corporation Name

G3 SURVEY SOLUTIONS, INC.

Principal Place of Business

Mailing Address

18312 49TH STREET NORTH
LOXAHATCHEE FL 33470

18312 49TH STREET NORTH
LOXAHATCHEE FL 33470

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/11/2001

5. FEI Number

65-1112993

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPT	GIBSON, GEORGE D III	18312 49TH STREET NORTH	LOXAHATCHEE FL 33470
S	DEWAAL, KAREN T	18312 49TH STREET NORTH	LOXAHATCHEE FL 33470

400023368244
10/21/03--01056--007 **158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GIBSON, GEORGE D III
18312 49TH STREET NORTH
LOXAHATCHEE FL 33470

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 10/11/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/11/03 501-315-5962

CR2E040 (7/03)

G-3 Survey Solutions, Inc.
Professional Surveying and Mapping Services
3D Laser Scanning-Coastal Mapping/GPS/GIS
Complete Development Surveying Services
ALTA/ACSM Specialist

October 15, 2003

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Fl. 32314-6327


Re: Document #P01000057521

Gentlemen:

Enclosed please find Application for Reinstatement with check #1312 in the amount of \$158.75. Please issue a Certificate of Status. The appropriate fee of \$8.75 is enclosed.

We were unaware of such report and did not receive the prior notice timely.

Sincerely,



George D. Gibson, III P.S.M.
President

Enc. Check #1312

Application for Reinstatement