


2005 FOR PROFIT CORPORATION REINSTATEMENT

ps 143

DOCUMENT # P03000007079 1. Entity Name AFFORDABLE SURVEY SOLUTIONS, INC.	
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REINSTATEMENT 04-05

T. Roberts OCT 27 2005



Principal Place of Business 4515 OAK FAIR BLVD. SUITE 100 TAMPA, FL 33610-7345	Mailing Address 4515 OAK FAIR BLVD. SUITE 100 TAMPA, FL 33610-7345
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2. Principal Place of Business 13654 N. 12th St. Suite, Apt. #, etc. Suite 10 City & State Tampa, FL Zip 33613 Country USA	3. Mailing Address 13654 N. 12th St. Suite, Apt. #, etc. Suite 10 City & State Tampa, FL Zip 33613 Country USA
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09282005 REIN-P CR2E098 (6/04)

4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KICKLITER, GEORGE P 2738 VIA TIVOLI #210A CLEARWATER, FL 33764	7. Name and Address of New Registered Agent Name James P. Hines, Esquire Street Address (P.O. Box Number is Not Acceptable) 315 S. Hyde Park Ave. City Tampa FL Zip Code 33606
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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 James P. Hines 10-20-05
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD SCHIRO, KYLE C 1007 SYLVIA LANE TAMPA, FL 33613 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700060916347 10/25/05--01024--004 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRYAN, CHARLES F 13600 KING STREET #626 OVERLAND PARK, KS 66221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DENNIS, ROB. 260 SANDPIPER DRIVE CASSELBERRY, FL 32707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

FILED
OCT 25 PM 4:28
TALLAHASSEE, FLORIDA

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: Kyle C Schiro 10-13-05 813-376-3911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

HINES NORMAN HINES, P.L.

ATTORNEYS AT LAW

**JAMES P. HINES
RANDY MILLER
CHRISTOPHER H. NORMAN
JAMES P. HINES, JR.
ROBERT D. HINES
JUDY KARNIEWICZ
JAY BONNETT**

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Tampa, Florida 33606
(813) 251-8659
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PS 2/3

OFFICES IN:

TAMPA
SUN CITY CENTER

October 19, 2005

Department of State
Division of Corporations
Corporate Filings
P. O. Box 6327
Tallahassee, Florida 32314

Re: Affordable Survey Solutions, Inc. (the "Corporation")

Dear Sir or Madam:

Enclosed please find the Reinstatement Form for the above-referenced corporation and our check in the amount of \$300.00 to cover the reinstatement fee for the Corporation.

Also, enclosed please find correspondence from Mr. Schiro indicating that he never received any correspondence from your office informing him it was time for the Corporation to file their Annual Report. At this time we are asking that the reinstatement fee for the Corporation be waived due to the fact that Mr. Schiro never received your correspondences dated May 20, 2004 and June 10, 2004.

Please note that in Mr. Schiro's correspondence he indicated that he forwarded a check to you on March 16, 2005 for the amount of \$865.00 in order to have the Corporation reinstated. However, your office did not reinstate the Corporation, citing failure to pay the appropriate reinstatement fee. Please return the check in question to Mr. Schiro as we have enclosed a new check to cover the reinstatement fee.

If you have any questions, please do not hesitate to contact our office.

Very truly yours,



Robert D. Hines

RDH:dm
Enclosures

**AFFORDABLE
Survey**

Solutions, Inc.

Survey & Construction Equipment and Supplies

PS 3 27
13654 N. 12th Street
Suite 10
Tampa, FL 33613

Phone: (813) 979-0877
Fax: (813) 979-0889

October 13, 2005

Division of Corporations


To Whom It May Concern:

This is to advise that I have no record of receiving any correspondence dated May 20, 2004 or June 10, 2004 regarding the annual reports for Affordable Survey Solutions, Inc.

I am requesting that you waive the reinstatement fee for Affordable Survey Solutions, Inc.

Also to date, I still have not received my check # 1584 in the amount of \$865.00 dated March 16, 2005.

Regards,



Kyle C. Schiro
Affordable Survey Solutions, Inc.