2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000084136

Entity Name: SURVEYING AND MAPPING SERVICES INC.

FILED Oct 15, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8237 SCARBOROUGH CT 2908 LAKEVIEW DRIVE ORLANDO, FL 32829 SUITE 128/132

SUITE 128/132 CASSELBERRY, FL 32730

Current Mailing Address: New Mailing Address:

8237 SCARBOROUGH CT 2908 LAKEVIEW DRIVE ORLANDO, FL 32829 SUITE 128/132

CASSELBERRY, FL 32730

FEI Number: 20-3003986 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORTES, MIGUEL A MENDEZ, ANGEL L 8237 SCARBOROUGH CT 2908 LAKEVIEW DRIVE ORLANDO, FL 32829 US SUITE 128/132

RLANDO, FL 32829 US SUITE 128/132
CASSELBERRY, FL 32730 US

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.

SIGNATURE: ANGEL LUIS MENDEZ 10/15/2007

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 P.
 (X) Change () Addition

 Name:
 CORTES, MIGUEL A
 Name:
 MENDEZ, ANGEL L P.

 Address:
 8237 SCARBOROUGH CT
 Address:
 2908 LAKEVIEW DRIVE

City-St-Zip: ORLANDO, FL 32829 City-St-Zip: SUITE 128/132, FL 32730

VΡ Title: V.P. (X) Change () Addition Title: () Delete Name: MENDEZ, ANGEL Name: PLEMENS, MARK E V.P. 8237 SCARBOROUGH CT 2908 LAKEVIEW DRIVE Address: Address: ORLANDO, FL 32829 SUITE 128/132, FL 32730 City-St-Zip: City-St-Zip:

Title: T () Delete Title: T (X) Change () Addition

 Name:
 MENDEZ, ANGEL L
 Name:
 CORTES, MIGUEL A T.

 Address:
 8237 SCARBOROUGH CT
 Address:
 2908 LAKEVIEW DRIVE

 City-St-Zip:
 ORLANDO, FL 32829
 City-St-Zip:
 SUITE 128/132, FL 32730

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGEL LUIS MENDEZ P 10/15/2007