

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000093201

1. Entity Name
SFLA SURVEY GROUP, INC.



FILED

2008 APR 16 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 08

Principal Place of Business
600 N PINE ISLAND RD
PLANTATION, FL 33324

Mailing Address
600 N PINE ISLAND RD
PLANTATION, FL 33324

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

11-3813786

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

KLEIN, BERT M
600 N PINE ISLAND RD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CD
KLEIN, BERT M
600 N PINE ISLAND RD
PLANTATION, FL 33324

Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PST
KLEIN, BERT M
600 N PINE ISLAND RD
PLANTATION, FL 33324

Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Change Addition
700128783397
05/07/08--01043--018 **300.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Change Addition

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STREET ADDRESS
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Change Addition

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NAME
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CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/2008

9/405-5441

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APR 16 2008