

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 OCT 29 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000017525

1. Corporation Name

POLARIS LAND SURVEYING, INC.

Principal Place of Business

Mailing Address

~~642 BEVERLY DR.~~
LAKE WALES FL 33853
US

~~642 BEVERLY DR.~~
LAKE WALES FL 33853
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

17 N. 3rd St.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

17 N. 3rd St.
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

03/09/1993

5. FEI Number

59-3170163

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	WHISLER, RALPH H III	642 BEVERLY DR	LAKE WALES FL 33853
			6000002335576--5
			-10/31/97--01108--014
			***750.00 ***750.00

REINSTATEMENT

1997
A. Alar
10/30/97

8. Name and Address of Current Registered Agent

WHISLER, RALPH H III
642 BEVERLY DR
LAKE WALES FL 33853

9. Name and Address of New Registered Agent

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.

Signature of
Registered Agent

[Signature]

Date

10/27/97

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for Information
on Intangible tax.)

12. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/97

Date

941-676-8750

Daytime Phone #

CR20040 (8/97)