

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 31 AM 10:35

DOCUMENT # P93000043626

1. Corporation Name

HORTICULTURAL SURVEYORS, INC.

2. Principal Office Address

7358 Wilson Rd.

3. Mailing Office Address

1301 W. Copans Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bldg. D- Ste. 8

City & State

West Palm Beach, FL

City & State

Pompano Beach, FL 33064

Zip

33413

Country

USA

Zip

33064

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/14/01993

5. FEI Number

650417229

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-05

7. Name and Address of Current Registered Agent

Name

Lynn Griffith

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

7358 Wilson Road

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33413

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

**Signature of
Registered Agent**

[Signature]

Date FEB 25, 05

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Lynn Griffith	7358 Wilson Rd.	West Palm Beach, FL 33413

10. 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]

LYNN P. GRIFFITH JR, AS PRESIDENT

2/25/05

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954 972-3255

CR2E081 (01/05)