

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 13 PM 2:07

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # PA5000032905

1. Corporation Name

LITTON LAND SURVEYORS, INC.

REINSTATEMENT 99-03

2. Principal Office Address

500 Gulfstream Blvd.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Ste. 105

Suite, Apt. #, etc.

Same

City & State

Delray Beach, FL

City & State

Same

Zip

33483

Country

USA

Zip

Same

Country

Same

300024641443
11/13/03--01054--004 **1358.75

4. Date Incorporated or Qualified
To Do Business in Florida

4-24-95

5. FEI Number

650591166

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

John R. Litton

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

118 NE 16 Ct

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33444

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

John R. Litton
REGISTERED AGENT MUST SIGN

Date 11/4/03

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	<u>John R. Litton</u>	<u>118-NE 16 Court</u>	<u>Delray Bch FL 33444</u>
V	<u>Gloria Litton</u>	<u>118 NE 16 Court</u>	<u>Delray Bch FL 33444</u>
S/T	<u>Kelly Perlmutter</u>	<u>8069 Saint John Ave. W.</u>	<u>Boynton Bch FL 33437</u>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/4/03
Date

581-276-7575
Daytime Phone #

CR2E081 (10/02)