

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000075771

1. Corporation Name  
P.L.A.N. ESTIMATING SERVICES, INC.

Principal Place of Business Mailing Address  
19 WOODFORD LANE 19 WOODFORD LANE  
PALM COAST FL 32164 PALM COAST FL 32164

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

2. New Principal Office Address, If Applicable  
26 COOLIDGE ST  
Suite, Apt. #, etc.  
City & State PALM COAST  
Zip 32137 Country FLAGLER

3. New Mailing Office Address, If Applicable  
← SAME  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 09/29/1995

5. FEI Number 59-3391797 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)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	GRACI, LORI	<del>19 WOODFORD LANE</del> 26 COOLIDGE ST	PALM COAST FL 32164 32137
			200004717102--8
			-12/10/01--01098--003
			****150.00 ****150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
GRACI, LORI 19 WOODFORD LANE PALM COAST FL 32164	Name GRACI, LORI Street Address (P.O. Box Number is Not Acceptable) 26 COOLIDGE ST Suite, Apt. #, Etc. City PALM COAST State FL Zip Code 32137

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 11-8-01  
REGISTERED AGENT MUST SIGN

11. 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] 11-8-01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**PLAN ESTIMATING SERVICES, INC.**



26 Coolidge Ct. ♦ Palm Coast, Florida 32137  
Phone 386-446-1878 ♦ Fax 386-446-2363

202

November 8, 2001

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Notice of Administrative Dissolution or Revocation

Please be advised that we relocated and although an address change was posted with the US Post Office our annual report was never forwarded or received at our new office. Although some of our mail has been forwarded, much of it has not. We hope that you will consider this and waive a reinstatement fee. Enclosed please find our annual report fee in the amount of \$ 150.00. I hope this will be satisfactory, I remain

Sincerely yours,

Lori Graci,  
President