

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

96 DEC 16 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000097242**

1. Corporation Name

DENES LAND SURVEYS, INC.

Principal Place of Business

1900 S. HARBOR CITY BLVD., STE. 110
MELBOURNE FL 32901

Mailing Address

1900 S. HARBOR CITY BLVD., STE. 110
MELBOURNE FL 32901



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/27/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

34-33547401

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	DENES, PATRICIA H	2085 SEAWIND CT.	INDIANALANTIC FL 32903
D	DENES, GABRIEL L	2085 SEAWIND CT.	INDIANALANTIC FL 32903
			500002032145--8 -12/18/96--01028--021 ****383.75 ****383.75
			REINSTATEMENT 1996
			G. Alan
			12/16/96

8. Name and Address of Current Registered Agent

LANHAM, THOMAS H
1900 S. HARBOR CITY BLVD., STE. 110
MELBOURNE FL 32901

9. Name and Address of New Registered Agent

Name Lanham, Thomas H.
Street Address (P.O. Box Number is Not Acceptable)
304 E. Strawbridge Ave.
Suite, Apt. #, Etc.
Melbourne
City

State

Zip Code

FL

32901

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]

REGISTERED AGENT MUST SIGN

Date

9/24/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Patricia H. Denes

9/23/96

407

136-8600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PATRICIA DENES, VICE PRESIDENT