

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -8 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000018427

1. Corporation Name

GPS LAND SURVEYING, INC.

Principal Place of Business

~~1499 FOREST HILL BLVD~~
~~STE 110~~
~~WEST PALM BEACH FL 33406~~
US

Mailing Address

~~1499 FOREST HILL BLVD~~
~~STE 110~~
~~WEST PALM BEACH FL 33406~~
US

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

2. New Principal Office Address, If Applicable

12230 Forest Hill Blvd.

Suite, Apt. #, etc.

170

City & State

Wellington FL

Zip

33414

Country

US

3. New Mailing Office Address, If Applicable

12230 Forest Hill Blvd.

Suite, Apt. #, etc.

170

City & State

Wellington FL

Zip

33414

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

02/24/1997

5. FEI Number

65-0732753

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	TEEPE, MARK W	1499 FOREST HILL BLVD STE 110 12230 Forest Hill Blvd STE 170	WEST PALM BEACH FL 33406 Wellington, FL 33414

300008891513
11/08/02--01093--004 **750.00

8. Name and Address of Current Registered Agent

TEEPE, MARK W

~~1499 FOREST HILL BLVD~~ 12230 Forest Hill Blvd
~~STE 110~~ STE 170
~~WEST PALM BEACH FL 33406~~ Wellington FL 33414

9. Name and Address of New Registered Agent

Name

Teepe, Mark W.

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

12230 Forest Hill Blvd.

Suite, Apt. #, Etc.

Suite 170

City

Wellington

State

FL

Zip Code

33414

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. or 617.0505, F.S.

Signature of
Registered Agent

Mark W Teepe SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/21/02

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: *Mark W Teepe* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/02

Date

Daytime Phone #

1-561-434-9865

CR2E040 (8/02)