

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED
01 OCT -2 PM 1:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000010378

1. Corporation Name

Grounds Controls ~~Incorporated~~ Inc.

44-01UBR

2. Principal Office Address

7547 Laurel Valley Rd.

Suite, Apt. #, etc.

City & State

Fort Myers FL.

Zip Country

33912 U.S.A.

3. Mailing Office Address

7547 Laurel Valley Rd.

Suite, Apt. #, etc.

City & State

Ft. Myers FL.

Zip Country

33912 U.S.A.

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-10/02/01--01034--001--
***458.75 ***450.00

4. Date Incorporated or Qualified
To Do Business In Florida

2-2-98

5. FEI Number

65-0831832

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

Timothy A. Helter

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

7547 Laurel Valley Rd.

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33912

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

Timothy A. Helter

REGISTERED AGENT MUST SIGN

Date 09-23-01

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
Pres.	Timothy A. Helter	7547 Laurel Valley Rd.	Fort Myers, FL. 33912

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:

Timothy A. Helter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-23-01

Date

941-433-0678
Daytime Phone #

CR25081 (9/00)