

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P98000010378

1. Corporation Name
GROUND CONTROLS OF FORT MYERS, INC.

Principal Place of Business Mailing Address

7547 LAUREL VALLEY RD. **7547 LAUREL VALLEY RD.**
FORT MYERS FL 33912 **FORT MYERS FL 33912**

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
 02 NOV 25 PM 2:31
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



4. Date Incorporated or Qualified To Do Business in Florida		02/02/1998
5. FEI Number	65-0831832	Applied For
		Not Applicable
6. CERTIFICATE OF STATUS DESIRED. <input type="checkbox"/>		\$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	4. City / State / Zip
P	HELTER, TIMOTHY A	7547 LAUREL VALLEY RD.	FORT MYERS FL 33912

700008644327
 10/29/02--01037--001 **150.00

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8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
HELTER, TIMOTHY A 7547 LAUREL VALLEY RD. FORT MYERS FL 33912		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State
		FL	

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: *[Signature]* **SIGNATURE REGISTERED**
 REGISTERED AGENT MUST SIGN

Date: **10-10-02**

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: *[Signature]* **SIGNATURE REGISTERED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **10-10-02 (239-71-2246)**
 Daytime Phone #

CR2040 (8/02)



A Complete Landscape Company

Ground Controls of Fort Myers, Inc did not receive the Uniform Business report. We are requesting for the state to wave the reinstatement fee's.

Thank You

Tim Helter