

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
7547 LAUREL VALLEY RD.
FORT MYERS FL 33912

Mailing Address
7547 LAUREL VALLEY RD.
FORT MYERS FL 33912

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



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

02/02/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0831832

Applied For

City & State

City & State

Not Applicable

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	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 Zip Code
	FL

CR2E040 (8/02)

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 *Timothy Helter* 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: *Timothy Helter*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 10-10-02 (239-717-2246)
Daytime Phone #

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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

Tim Helter