

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

00 AUG -7 AM 10:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



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

**DOCUMENT # P98000098230**

**1. Corporation Name**

**LANGBEHN SURVEYING & MAPPING, INC.**

**2. Principal Office Address**

**10556 South Federal Hwy.**

Suite, Apt. #, etc.

City & State

**Port St. Lucie, Florida**

Zip

**34952**

Country

**St. Lucie**

**3. Mailing Office Address**

**P.O. Box 698**

Suite, Apt. #, etc.

City & State

**Jensen Beach, Florida**

Zip

**34958**

Country

**Martin**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**November 19, 1998**

**5. FEI Number**

**65-0837464**

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

**Philip W. Langbehn**

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

**3274 SE River Vista Drive**

Suite, Apt. #, Etc.

City

**Port St. Lucie**

State  
**FL**

Zip Code

**34952**

**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

REGISTERED AGENT MUST SIGN

Date **7/31/00**

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

| Titles       | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip                   |
|--------------|--------------------------------------|---|--------------------------------------|
| P/V/D<br>T/S | <del>Philip W. Langbehn</del>        | <del>3274 SE River Vista Drive</del>              | <del>Port St. Lucie, Fl. 34952</del> |
|              |                                      |   |                                      |
|              |                                      |   |                                      |
|              |                                      |   |                                      |
|              |                                      |   |                                      |
|              |                                      |   |                                      |

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/31/00**

Date

**(561) 398-8244**

Daytime Phone #

7/31/00

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Sir or Madam,

As per my conversation with one of your staff members, I enclose this form and check.

I never received the annual report form. It may have been due to a change of address, I have no other explanation.

Thank you,  
Sincerely,

A handwritten signature in dark ink, appearing to read 'P. W. Langbehn', written in a cursive style.

Philip W. Langbehn, President  
Langbehn Surveying & Mapping, Inc.