

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAY -3 AM 9:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 998000099851

**1. Corporation Name**

FINSTAD LAND + SPATIAL SURVEYING CORP.

**2. Principal Office Address**

12730 NEW BRITANNY BLVD

Suite, Apt. #, etc.

STE #426

City & State

FT MYERS FLORIDA

Zip

33907

Country

U.S.A.

**3. Mailing Office Address:**

SAME

Suite, Apt. #, etc.

City & State

Country

USA

**REINSTATEMENT** 0-01

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

11-20-98

**SP**

**5. FEI Number**

59-3558686

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

JEFFREY S. SCHELLING, P.A.

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

800 SEAGATE DRIVE

Suite, Apt. #, Etc.

STE # 304

City

NAPLES,

500004288175-0

-05/22/01--01120--004

\*\*\*\*750.00 \*\*\*\*750.00

State

FL

Zip Code

34103

**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

Jeff Schelling

Date

04/30/01

REGISTERED AGENT MUST SIGN

**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	<u>MRS MARY E FINSTAD</u>	<u>561 PORTSMOUTH COURT NAPLES, FLORIDA 34110</u>	
V.P.	<u>MRS MARY E FINSTAD</u>		
SEC.	<u>MRS MARY E FINSTAD</u>		
TREAS	<u>MRS MARY E FINSTAD</u>		

05/15/00 90254 012#150

**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:**

Mrs Mary E Finstad

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-2001

Date

941-274-9518

Daytime Phone #

CR2E081 (9/00)