

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 NOV -7 PM 6:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000011515**

1. Corporation Name

KLEIN & STAUB SURVEYING, INC.

Principal Place of Business

1011 LEMON STREET EAST
TARPON SPRINGS FL 34689

Mailing Address

1011 LEMON STREET EAST
TARPON SPRINGS FL 34689



REINSTATEMENT 2003

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

02/03/1999

Suite, Apt. #, etc.

~~2016 OLD COUNTY RD. ST~~

Suite, Apt. #, etc.

5. FEI Number

59-3561011

Applied For

City & State

~~NEW PORT RICHEY FL.~~

City & State

Not Applicable

Zip

34653

Country

PASCO

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
PT	KLEIN, BRUCE A	1107 LEMON ST. E.	TARPON SPRINGS FL 34689

000024510030
11/07/03--01050--030 **750.00

8. Name and Address of Current Registered Agent

VAUSE, COLLIN D
~~600 BYPASS DR, STE 207~~
CLEARWATER FL 33764

9. Name and Address of New Registered Agent

Name **BRUCE A. KLEIN**
Street Address (P.O. Box Number is Not Acceptable)
~~1107 LEMON STREET EAST~~
Suite, Apt. #, Etc.
City **TARPON SPRINGS** State **FL** Zip Code **34689**

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
REGISTERED AGENT MUST SIGN

Date 11/03/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BRUCE A. KLEIN Date 11/03/03 Daytime Phone # 727-834-8140

CR2E040 (7/03)