

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 OCT 13 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000017718**

1. Corporation Name

BURNS LAND SURVEYING, INC.

Principal Place of Business

**9548 RICHMOND CIR
BOCA RATON FL 33434**

Mailing Address

**9548 RICHMOND CIR
BOCA RATON FL 33434**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

8177 GLADES Rd

Suite, Apt. #, etc.

Z14

City & State

Boca Raton, FL

Zip

33434

Country

Palm Beach

3. New Mailing Office Address, If Applicable

8177 GLADES Rd

Suite, Apt. #, etc.

Z14

City & State

Boca Raton, FL

Zip

33434

Country

Palm Beach

REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

02/22/1999

5. FEI Number

65-0900218

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BURNS, JAMES B	9548 RICHMOND CIR	BOCA RATON FL 33434
D	BURNS, JOAN P	9548 RICHMOND CIR	BOCA RATON FL 33434

700023753207
10/13/03--01078--023 **750.00

8. Name and Address of Current Registered Agent

**BURNS, JAMES B
9548 RICHMOND CIR
BOCA RATON FL 33434**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

JAMES B BURNS
REGISTERED AGENT MUST SIGN

Date **10/9/03**

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:

JAMES B BURNS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/03
Date
5614837612
Daytime Phone #

CR2E040 (7/03)