

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 OCT 27 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000092769

1. Corporation Name

CALVIN REED SURVEYING, INC.

Principal Place of Business

Mailing Address

219 WHITFIELD AVENUE
SARASOTA FL 34243

219 WHITFIELD AVENUE
SARASOTA FL 34243



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

REINSTATEMENT

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4600 Tri-Par Drive

4600 Tri-Par Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Sarasota, Florida

Sarasota, Florida

City & State

City & State

34234

34234

Zip

Country

USA

Zip

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/21/1999

SP

5. FEI Number

65-0977586

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	REED, CALVIN	219 WHITFIELD AVENUE	SARASOTA FL 34243
VD	BERRY, STEVEN	5219 32ND STREET E	BRADENTON FL 34203
SD	BERRY, PATRICIA	5219 32ND STREET E	BRADENTON FL 34203

800003470958--6
-11/20/00--01133--016
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

REED, CALVIN
219 WHITFIELD AVENUE
SARASOTA FL 34243

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.

Signature of
Registered Agent

Calvin Reed

REGISTERED AGENT MUST SIGN

Date 10-25-00

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:

Patricia A. Berry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia A. Berry 10-25-00 941-351-2317

Date

Daytime Phone #

CR2E040 (8/00)