

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **S31984**

1. Corporation Name

ARC SURVEYING & MAPPING, INC.

Principal Place of Business

**5202 San Juan Ave.
Jacksonville FL 32210**

Mailing Address

**5202 San Juan Ave.
Jacksonville FL 32210**

If above addresses are incorrect in any way, line through incorrect information and enter correct on below

2. New Principal Office Address, If Applicable

N/A

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

N/A

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2/14/1991

5. F.E.I. Number

59-3125280

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	John F. Sawyer	12315 Muscovy Drive	Jacksonville FL 32223
V/D	Dale V. Traylor	5202 San Juan Ave.	Jacksonville FL 32210

8. Name and Address of Current Registered Agent

**John F. Sawyer
12315 Muscovy Drive
Jacksonville FL 32223**

9. Name and Address of New Registered Agent

Name

N/A

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

Suite, Apt. #, Etc.

City

State Zip Code
FL

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

REGISTERED AGENT MUST SIGN

Date

3/11/99

JB 3-11-99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information on
intangible tax.)

12. 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)(g), 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

JOHN F. SAWYER, President

3/11/99

904-384-8377

Date

Printed Name

Copy to 112 987