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 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600023750166
10/13/03--01066--018 **150.00

REINSTATEMENT 03

DOCUMENT # **S31984**

1. Corporation Name

ARC SURVEYING & MAPPING, INC.

Principal Place of Business	Mailing Address
5202 SAN JUAN AVENUE JACKSONVILLE FL 32210	5202 SAN JUAN AVENUE JACKSONVILLE FL 32210

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 02/14/1991

5. FEI 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
~~PD~~ VP	SAWYER, JOHN F	12315 MUSCOVY DRIVE	JACKSONVILLE FL 32223
VD	TRAYLOR, DALE V	5202 SAN JUAN AVE.	JACKSONVILLE FL 32210
VP	SAWYER, PATRICK B	5202 SAN JUAN AVE	JACKSONVILLE FL 32210
~~VP~~ PD	SAWYER, FRANK J	5202 SAN JUAN AVE	JACKSONVILLE FL 32210

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
SAWYER, JOHN F 12315 MUSCOVY DRIVE JACKSONVILLE FL 32223	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/03)

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: John F. Sawyer — Date: 10/09/2003
REGISTERED AGENT MUST SIGN

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: Patrick B. Sawyer — 10/09/2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ARC SURVEYING & MAPPING, INC.
5202 SAN JUAN AVENUE, JACKSONVILLE, FL 32210
PHONE (904) 384-8377 FAX (904) 384-8388
WWW. ARCSURVEYORS.COM

October 7, 2003

Florida Department of State
Division of Corporation
PO Box 6327
Tallahassee, FL 32314

Subject: Document Number S31984 – Application for Reinstatement
FEI Number: 59-3215280

To Whom It May Concern:

We received your notification of Administrative Dissolution or Revocation of our corporation. To the best of our knowledge we did not receive the UBS notices that your office stated were sent out.

Enclosed is our check for $150.00, the required filing fee. If any additional monies are due, please call me immediately.

Sincerely,

John F. Sawyer
Vice President

JFS/dsa

Check # 13140