


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM AND FILED

APPROVAL
AND
FILED

06 SEP -1 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S89030

1. Corporation Name

SUR SERVICES, INC.

2. Principal Office Address

370 AMAPOLA AVE

3. Mailing Office Address

370 AMAPOLA AVE

Suite, Apt. #, etc.

Suite 104

Suite, Apt. #, etc.

Suite 104

City & State

TORRANCE CA.

City & State

TORRANCE CA.

Zip

90501

Country

USA

Zip

90501

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 10/23/1991

5. FEEL Number

650286363

Applied For

Not Applied For

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name

Gene Foland

600079509386

09/06/06--01020--014 ***900.00

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

5060 North East 23 terrace

Suite, Apt. #, Etc.

City

Lighthouse Point

State
FL

Zip Code

33064

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0507, F.S.

Signature of Registered Agent

Gene Foland

REGISTERED AGENT MUST SIGN

Date 09-30-2006

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list all officers and directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President/Director	Lewis Kurtz	6432 Canyon Lake Drive	Dallas, TX 75249
Director	Doug Wall	8808 Venture Cove Suite 103	Tampa, FL 33637

10. 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 does not have 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 contained in Chapter 119, F.S. The information included on this application is true and accurate, and my signature shall have the same legal effect as if made in person.

SIGNATURE:

Douglas N Wall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/06 - 800-831-7139

Date

Calling Phone #

9/5/00