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 DEC 18 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V10705

1. Corporation Name

SURVEYORS, INC.

Principal Place of Business	Mailing Address
2300 NW 94TH AVE. ~~200~~ 200 MIAMI FL 33172 US	2300 NW 94TH AVE. ~~200~~ 200 MIAMI FL 33172 US

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. 200		Suite, Apt. #, etc. 200	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/31/1992

5. FEI Number: 65-0317379 ☐ 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
DP	CABRERA, NELSON	14721 SW 153RD PLACE	MIAMI FL 33196
D	CABRERA, VILMA	14721 SW 153RD PLACE	MIAMI FL 33196
DVS	CABRERA, LESLIE	14721 SW 153RD PLACE	MIAMI FL 33196
		REINSTATEMENT 02 -	
			SP

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CABRERA, NELSON 14721 SW 153RD PLACE MIAMI FL 33196	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. 200000351503Z--3 -12/27/00--01083--012 City ****750.00 State FL Zip Code ****750.00

CR2E040 (8/00)

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 SIGNATURE REQUIRED Date

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: SIGNATURE Nelson CABRERA 10.15.00 305.599.3039

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #