

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **V41491**

1. Corporation Name

HARPSTER ENGINEERING & SURVEYING, INC.

Principal Place of Business

436 N. GRANDVIEW AVENUE
DAYTONA BEACH FL 32118

Mailing Address

436 N. GRANDVIEW AVENUE
DAYTONA BEACH FL 32118

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/05/1992

5. FEI Number

59-3125809

Applied For

Not Applicable

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
SE D	HARPSTER, FRED M.	914 N. HALIFAX DR.	DAYTONA BEACH FL 32118
R	HARPSTER, DORIS H	914 N. HALIFAX AVENUE	DAYTONA BEACH FL
V	LABREE, MARY LISA	436 N GRANDVIEW AVE	DAYTONA BEACH FL 32118
PD	LITTRELL, SUE HARPSTER	436 N. Grandview Avenue	Daytona Beach, FL 32118
STD	MCCOY, LYNN A.	436 N. Grandview Avenue	Daytona Beach, FL 32118

8. Name and Address of Current Registered Agent

HARPSTER, FRED M.
914 N. HALIFAX DR.
DAYTONA BEACH FL 32118

9. Name and Address of New Registered Agent

Name

John S. Norton, Jr., P.A.

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

431 N. Grandview Avenue

Suite, Apt. #, Etc.

City

Daytona Beach

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0305, F.S.

Signature of
Registered Agent

JOHN S. NORTON, JR. REGISTERED AGENT MUST SIGN

Date 1/18/01

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: *Sue Harpster-Littrell* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUE HARPSTER-LITTRELL PRESIDENT

01-18-01
Date

(904) 253-3241
Daytime Phone #

CR2E040 (8/00)