

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				F	S	ecreta	RTMENT O ry of State corporation	,		07		ILE 30	D Ph 4: 44	
DOCU		# F0	1000001	608					n o					STATE
U.N.	I. Engi	neer	ing, In	с.						300	867			
2. Principal Office Address 156 Stockton Street Hightstown, NJ 08520							on Stree NJ 085	t 20	CR2E081 (12/05) 02-07					
Suite, Apt. #, etc.				1	Suite, Apt. #, etc.				4. Date Incorporated or Qualified To Do Business in Florida 3/23/01					
City & State	City & State			1	City & State				5. FEI Number Applied For					
Zip	Country				Zip Country				22-2175884 Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required					
	<u> </u>				7. N:	me and	Address of Cu	rrent Registo		o diale	o DEGINES [for a	Certifica	te of Status
8. I, being Signature o Registered	Suite, Apt. Cit- Cip- Appointed the	(01 F #, Etc.	D. Box Number lays Str	eet			J	eanine l	obligations of secti Reynolds agent	State FL on 607.05		-2525		1
9. Names	and Street Ac	idresses	of Each Office	r and/o	r Director (Flo	rida nonp	orofit corporation	ns must list at l	east 3 directors)					
Titles		Office	Name of rs and/or Direct	tors	<u></u>			Address of Ead and/or Direct			c	ity / State	/ Zip	
CD	Edward	W.	Sapp			156	Stockto	n Stree	t	High	tstown	, NJ	08520)
PD	Edward	IJ.	Sapp			156	Stockto	n Stree	t	High	tstown	, NJ	08520)
S	Robert	J.	Petras			156	Stockto	n Stree	t	High	tstown	, NJ	08520)
											<u>,, </u>			
						ı								
this rei	instatement ap by the corpora s application is	plication tion hay	n, the reason for been paid and d accurate, and	dissolu the na my sign	ution has been amos of individ lature shall ha	eliminat uals liste ve the sa	ed, the corporal	e name satisfi o not qualify fo as if made und		s of sectio	n 607.0401 o Chapter 119	or 617.040	1, F.S., th	at all fees





ION SERVICE COMPANY				
A	CCOUNT NO.	:	072100000032	
	REFERENCE	:		
AUT	HORIZATION	:	opplie enon	<u>ر</u>
	COST LIMIT	: 	\$ 1500.00	
ORDER DATE : Janua:	ry 30, 2007			
ORDER TIME : 10:59	AM			
ORDER NO. : 73549	5-005			<u> </u>
CUSTOMER NO: 72	54103			TALLUL AS
NAME: U.1	PH 12: 52			
XX REINSTATEMENT				
PLEASE RETURN THE FO	OLLOWING AS	PR	OOF OF FILING:	
CERTIFIED CO XX PLAIN STAMP CERTIFICATE	ED COPY	and	ING	
CONTACT PERSON: Je	anine Reyno	lds	- Ext# 2933	

EXAMINER'S INITIALS _____