

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

17 MAR -2 AM 9:34

ADD. ...

CORPORATION REINSTATEMENT 2016-2017		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P03000001447			
1. Corporation Name HEIDELBERG ENGINEERING, INC.			
2. Principal Office Address - No P.O. Box # 10 Forge Parkway State, Apt. #, etc. Franklin, MA Zip 02038		3. Mailing Office Address 10 Forge Parkway State, Apt. #, etc. Franklin, MA Zip 02038	
		4. Date Incorporated or Qualified To Do Business in Florida 03/24/2003	
		5. FEI Number 36-3970797	
		6. CERTIFICATE OF STATUS DESIRED	
		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road City Plantation State FL Zip Code 33324			
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent <u>Jennifer Vincent</u> Date <u>2-17-2017</u> REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
GM	Ram Lieberthal	10 Forge Parkway	Franklin, MA 02038
CFO	Claus Gaertner	Max-Jarecki-Strasse 8	69115 Heidelberg DE
10. E-mail Address: <u>Craig.Lieberthal@heidelbergengineering.com</u> (To be used for future correspondence notifications)			
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 corporation now satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.			
SIGNATURE: <u>Ram Lieberthal</u>		3/2/17 508-530-7819	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

K. ASHTON

2052

3/2/2017

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000059583 3)))



H170000595833ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
HEIDELBERG ENGINEERING, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$900.00

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)