

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 22 PM 7:08

DOCUMENT # F93000000144

1. Corporation Name

KERR-GREULICH ENGINEERS, INC.

100004668981--5

-11/06/01--01056--003

****750.00 ****750.00

Principal Place of Business

Mailing Address

1534 ORMSBY STATION CT.
LOUISVILLE KE 40223
US

1534 ORMSBY STATION COURT
LOUISVILLE KE 40223
US



REINSTATEMENT 01

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

4. Date Incorporated or Qualified
To Do Business in Florida

01/07/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

61-1184297

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Zip Country Zip Country

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
PCD	GREULICH, DONALD J	8909 LINN STATION RD.	LOUISVILLE KY
VD	KIDWELL, S	5713 BLUEBERRY DR.	CRESTWOOD KY 40014
VD	GREULICH, DAVID	5509 DAYRIDGE RD.	CINCINNATI OH
SD	SETLIFFE, D S	2107 GATEWAY CT.	LOUISVILLE KY 40299
T	GREULICH, JENNIFER W	8909 LINN STATION RD.	LOUISVILLE KY

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Carol Record
SIGNATURE REQUIRED

Carol Record
Assistant Secretary

Date October 15, 2001

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:

Carol Record
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/01 502-426-9457
Date Daytime Phone #