


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

FILED

01 JUL -5 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000000023

1. Corporation Name

OTM Engineering, Inc.

2. Principal Office Address

248 Addie Roy Road

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite B-200

Suite, Apt. #, etc.

City & State

Austin, TX

City & State

Zip

78746

Country

USA

Zip

Country

**4. Data Incorporated or Qualified
To Do Business in Florida**

1983

5. FEI Number

74-2811708

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 99-01

7. Name and Address of Current Registered Agent

Name

Eileen Schwartz

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

2736 NW 26 St.

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33434

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

REGISTERED AGENT MUST SIGN

Date 7/3/02

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
Pres.	James M. Sinopoli	308 Copperleaf	Lakeway, TX 78734
Sec.	Dena M. Sinopoli	315 Hurst Creek Road	Lakeway, TX 78734
V.P.	William Neyland	4703 Caslusto Terrace	Austin, TX 78727
V.P.	Brian Combs	13923 Winding Hill	San Antonio, TX 78217

10. 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

Dena M. Sinopoli - DENA M. SINOPOLI

7-2-01

512-328-8801

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)