

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 NOV 25 AM 9:25

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F99000004250**

1. Corporation Name
SFT CONSULTING ENGINEERS, INC.

Principal Place of Business 6629 W. CENTRAL AVENUE TOLEDO OH 43617-1098	Mailing Address 6629 W. CENTRAL AVENUE TOLEDO OH 43617-1098
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REINSTATEMENT 02

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	3. New Mailing Office Address, If Applicable Suite, Apt. #: etc. City & State Zip	4. Date Incorporated or Qualified To Do Business in Florida 08/13/1999	5. FEI Number 34-1306095 Applied For Not Applicable
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PC	LUTWEN, RONALD C	6629 W. CENTRAL AVENUE	TOLEDO OH 43617
VC	KNOTT, DANIEL L	6629 W. CENTRAL AVENUE	TOLEDO OH 43617
D	BRAATZ, WILLIAM F	6629 W. CENTRAL AVENUE	TOLEDO OH 43617
D	HULDERMAN, JOSEPH M	6629 W. CENTRAL AVENUE	TOLEDO OH 43617
ST	VORST, CATHERINE	6629 W. CENTRAL AVE	TOLEDO OH 43617

8. Name and Address of Current Registered Agent WHITING, MACAULEY JR. 163 E. MORSE BLVD., SUITE 200 WINTER PARK FL 32789	9. Name and Address of New Registered Agent Name: CT Corp System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Rd Suite, Apt. #, Etc. City: Plantation State: FL Zip Code: 33324
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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. or 617.0505, F.S.

Signature of Registered Agent: *Diane Stout* **Diane Stout, Asst. Secretary** Date: **11-4-02**
 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)(f), 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: *[Signature]* **11-7-02** **419-843-8200**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2EM40 (8/02)