

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

97 NOV 21 AM 8:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P93000025079

1. Corporation Name

BLACKWATER ENGINEERING, INC.

Principal Place of Business

Mailing Address

HIGHWAY 375
WHITE BLUFF ROAD
SOPCHOPPY FL 32358

HIGHWAY 375
WHITE BLUFF ROAD
SOPCHOPPY FL 32358



REINSTATEMENT

97a0

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/06/1993	
City & State		City & State		5. FEI Number	
		P.O. Box 146		59-3174137	
Zip		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$6.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	ROBERTS, REBECCA	HWY 375 WHITE BLUFF RD.	SOPCHOPPY FL 32358
			200002356882-5 -11/25/97--01060--020 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHERNIGA, MICHAEL J ESO
111 S. MONROE STREET
SUITE 2000
TALLAHASSEE FL 32301

Name Robert A. Routa, P.A.
Street Address (P.O. Box Number is Not Acceptable) 2931-B Crawfordville Hwy.
Suite, Apt. #, Etc.
City Crawfordville, State FL Zip Code 32327

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

REGISTERED AGENT MUST SIGN

Date

11/19/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on Intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rebecca Roberts

Rebecca Roberts

Date

11/19/97

Daytime Phone #

904 9624923

CR2E040 (8/97)