

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P41072

1. Corporation Name

CEI ENGINEERING ASSOCIATES, INC.

Principal Place of Business

110 WEST CENTRAL  
BENTONVILLE AR 72712

Mailing Address

110 WEST CENTRAL  
BENTONVILLE AR 72712

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

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

P.O. Box 1408  
BENTONVILLE, AR  
72712-1408 BENTON

4. Date Incorporated or Qualified  
To Do Business in Florida

10/21/1992

5. FEI Number

71-0657673

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT

50

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
C	SHUPE, C. MICHAEL	107 N. PLEASANT RIDGE DR.	ROGERS AR 72756
PD	GEURIAN, JEFFREY	3404 BEECH ST	ROGERS AR 72756
D	DANIEL, RICHARD	1411 N WOODLAND	ROGERS AR 72756
D	MCGLOSSON, WILLIAM	9075 N BROOKVIEW DR	FRESNO CA
D	NOURZAD, JOHN	<del>CENTRAL</del> <del>110 W. CENTRAL</del> P.O. Box 1408	BENTONVILLE AR 72712-1408
D	ROURKE, MICHAEL	4475 US 1 SOUTH, STE. 301	ST. AUGUSTINE FL 32086

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 S PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

900003449219--0

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

\*\*\*758.75 \*\*\*758.75

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

*Signature of Registered Agent*  
REGISTERED AGENT MUST SIGN *Asst. Secy.*

Date

10/19/00

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.

KE

SIGNATURE:

*Signature of Signing Officer or Director*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY D. GEURIAN, President 10/18/00

Date

Daytime Phone #

(501) 273-9472

CR20040 (8/00)

20f2

The following is a list of names of officers and directors, in addition to the list on the pre-printed form:

Title	Name of Officers/Directors	Street Address	City/State/Zip
S	Sue E. Huffman	1204 N.W. 11 <sup>th</sup> St.	Bentonville, AR 72712
D	Sue Blevins	1506 Parkcrest Dr.	Bentonville, AR 72712
D	John R. Scott	1110 W. Poplar St.	Rogers, AR 72756