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 APR 17 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 303573

1. Corporation Name: CONSOLIDATED CONSTRUCTION & ENGINEERING, INC.

REINSTATEMENT 84-97 MWB

Principal Place of Business	Mailing Address
3240 DRAIN FIELD ROAD / P.O. DRAWER 6560 LAKELAND, FLORIDA 33803	LAKELAND, FL 33803

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
3003 REDWOOD DR.	7608 WINGFOOT DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 100
City & State: LAKELAND, FLORIDA	City & State: RALEIGH NORTH CAROLINA
Zip: 33803 Country: USA	Zip: 27615-5484 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 3/31/1966

5. FEI Number: 59-1152131 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P,T,C	ROBERT K. KOCHAN, EIT	7608 WINGFOOT DRIVE	Raleigh, NC 27615-5484
V,D	DAVID J. HALEY, P.E.	8 DUDLEY CIRCLE	DURHAM, NC 27703
S,D	APRIL B. KOCHAN	7608 WINGFOOT DRIVE	Raleigh, NC 27615-5484
D	STANLEY S. KOCHAN	3003 REDWOOD AVE	LAKELAND, FL 33803
			900002149879--5 -04/21/97--01157--022 ***2065.00 ***2065.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
NONE RALPH KOCHAN -- (LAST ONE WHEN ACTIVE) 3534 RAINTREE CIRCLE LAKELAND, FLORIDA 33803	Name: STANLEY S. KOCHAN Street Address (P.O. Box Number is Not Acceptable): 3003 REDWOOD DR. Suite, Apt. #, Etc.: NSD City: LAKELAND State: FL Zip Code: 33803

CR2E040 (12/96)

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: Stanley S. Kochan — Date: 3-15-97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: Robert Kochan President ROBERT KOCHAN, 2-12-97 (919) 873-1918
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ROBERT KOCHAN