	PLEASE READ	ALL INS	TRUCTIO	NS REFORE	COMPLET	TING THIS FORM	
PLEASE READ ALL INSTRUCTIONS BEFORE OF APPLICATION FOR REINSTATEMENT PLEASE READ ALL INSTRUCTIONS BEFORE OF APPLICATIONS FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS					*		
DOCUMENT # 558109]	98 SEP 30 PM 2-37	
1. Corporation Name South East Florida Engineering, Inc.					SECRETATION OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business Mailing Address					_		
4894 River Basin Drive N. Jacksonville, Florida 32207							
If above addresses are incorrect in any way, line through in: 2. New Principal Office Address, If Applicable 3. N			correct information and enter correction below. Iew Malling Address, If Applicable		4. Date Incom	DO NOT WRITE IN THIS SPACE	
Suite, Apt.		Suite, Apt. #, etc.		1	porated or Qualified Iness in Florida 01/25/78		
City & State		City & State		· · · · · · · · · · · · · · · · · · ·	5. FEI Numbe	8-1313926 Applied For Not Applicable	
Zip	Country	Žip	0	ountry .	 6.	E OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status	
7. Names i	and Street Addresses of Each Officer and	or Director (Flo	rida nonprofil co	rporations must list at lea	ast 3 directors)	Total Continue of Status	
Title(s)	Name of Officers and/or Directors 2		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N		-	City / State / Zip	
P/S/T Frederick V.H. Judd			4894 River			Jacksonville, Florida 32207	
		<u> </u>	BEINS	TATEME	NT	97-98	
						710/12/7801084001 /****9700.00 *****900.00	
8. Name and Address of Current Registered Agent Name					9. Name and /	Address of New Registered Agent	
Frederick V.H. Judd 4894 River Basin Drive N. Jacksonville, Florida 32207					Street Address (P.O. Box Number is Not Acceptable) Suite, Apr. #, Etc.		
10. 1, being Signature of Pregisterati"		1 Janes			ligations of Section	FL on 607.0505, F.S. Date 9.14-9.7	
11. Do De	es this corporation pay a pt. of Revenue under S.	ny intang 199.032,	ible tax to Florida St	the atutes. Yes [□ No [X	(See other side for information on intengible tax.)	
12. I do here	by certify that the information supplied w	th this fillog is w	oluntarily furnish	ed and does not gualify.	for the exempter	stated to Postley 440 07/04/11 Flatte flat to	

I do hereby cartify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or liustee empowered to execute this application as provided for in chapter 50? 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., and that all less owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under eath.

10.

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SIGNATURE: I reai WH from

Frederick V.H.Judd 9/15/98 (904)398-6316