


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 630639</b> 1. Entity Name <b>FRASER ENGINEERING AND TESTING, INC.</b>		
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 AUG 19 AM 9:25

**REINSTATEMENT** 04-05



07202005 REIN-P CR2E098 (6/04)

Principal Place of Business 3504 INDUSTRIAL 33RD ST FT PIERCE, FL 34946-8641		Mailing Address 3504 INDUSTRIAL 33RD ST FT PIERCE, FL 34946-8641	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number  
**59-2007264**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

<b>6. Name and Address of Current Registered Agent</b>  FRASER, ALEXANDER H., P.E. 3504 INDUSTRIAL 33RD STREET FT PIERCE, FL 33450	
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<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$900.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD <b>S</b> <input type="checkbox"/> Delete FRASER, ALEXANDER H 1465 PELICAN LANE VERO BEACH FL,		TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>100058525601</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>08/12/05--01027--004 **\$900.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP DV <input type="checkbox"/> Delete WEBB, DAVID E 415 35TH AVE. VERO BCH, FL 00000,		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP SD <input checked="" type="checkbox"/> Delete FRASER, MARTHA J 1465 PELICAN LANE VERO BEACH FL,		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X**   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**ALEXANDER H. FRASER**

8/1/05 772/461-1047  
 Date Daytime Phone #