

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # C940000000008

1. Corporation Name

National Association of County Engineers, Inc.

2. Principal Office Address - No P.O. Box #

660 North Capitol St, NW

Suite, Apt. #, etc.

Suite 420

City & State

Washington

Zip

DC

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

20001-1642

Country

7. Name and Address of Current Registered Agent

Name

Ramon Gavarrete

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

14302 NW 159th Lane

Suite, Apt. #, Etc.

City

Alachua

State

FL

Zip Code

32615

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11-26-2018

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

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|-------------------------|
| P | Richard Sanders, P.E. | 820 Old Hwy 75 S | Crookston MN 56716-2142 |
| S / T | Scott McGolpin | 123 E Anapamu St | Santa Barbara CA 93101 |
| D | Kevan Stone | 660 N Capitol St NW | Washington DC 20001 |
| M | Constantine Radoullovitch | 4420 Starr Jordan Drive | Annandale VA 22003-3826 |
| | | | |
| | | | |

10. E-mail Address: nace@naco.org

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

11/19/2018

(202) 393-5041

FILED

10 DEC -4 AM 9:46

FILED
12/04/18--01004--004 *306.25

700321659987
12/04/18--01004--004 *306.25

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

July 14, 1959

5. FEI Number

59-1002720

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status