

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

01 NOV -9 AM 11:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**APPLICATION FOR REINSTATEMENT**



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

**DOCUMENT # F00000006447**

1. Corporation Name  
**DUNN ENGINEERING ASSOCIATES, P.C.**

Principal Place of Business 66 MAIN STREET WESTHAMPTON BEACH NY 11978	Mailing Address 66 MAIN STREET WESTHAMPTON BEACH NY 11978
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.



**REINSTATEMENT 2001**

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	11/13/2000
5. FEI Number	11-3466505
Applied For	
Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	DUNN JR, WALTER M	66 MAIN STREET	WESTHAMPTON BEACH NY 11978
VT	HILL, RONALD N	66 MAIN STREET	WESTHAMPTON BEACH NY 11978
S	REISS, ROBERT A	66 MAIN STREET	WESTHAMPTON BEACH NY 11978
			000004703670--2 -12/04/01--01031--005 ***750.75 ***750.75

8. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State <b>FL</b>
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: *Robin LaPeters* **SIGNATURE REQUIRED** **Robin LaPeters** Vice President Date: 10-27-2001  
REGISTERED AGENT MUST SIGN

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.

SIGNATURE: *SIGNATURE REQUIRED* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **10/23/01** **(631) 288-2480**  
Date Daytime Phone #

CR2E040 (8/01)