PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
06 OCT 17 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F00000026477

1. Corporation Name
Lowe + Associates Consulting Engineers Inc.
Cross Ref. F.
Lowe & Associates, Inc.

03-06

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
1800 Parkway Place	1800 Parkway Place
Suite, Apt. #, etc. Suite 720	Suite, Apt. #, etc. Suite 720
City & State Marietta, GA	City & State Marietta, GA
Zip 30067 Country USA	Zip 30067 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 11/15/2000

5. FEI Number 58-2270337 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name	NRAI Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)	2731 Executive Park Drive
Suite, Apt. #, Etc.	Suite 4
City	Weston
State	FL
Zip Code	33331

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 NRAI Services, Inc. By: Amy Purdy Amy Purdy, Assistant Secretary Date 10/13/06
REGISTERED AGENT MUST SIGN

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
Pres. & Director	James A. Lowe	1800 Parkway Place, Suite 720	Marietta, GA 30067
Sec. & Director	Louis A. Chalmers, Jr.	1800 Parkway Place, Suite 720	Marietta, GA 30067
Director	Bryan H. Russell	1800 Parkway Place, Suite 720	Marietta, GA 30067

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10. 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 contained in Chapter 119, 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: James A. Lowe, PE 10/16/06 770-423-0807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #