

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

10 JUL -1 PM 3:15

DOCUMENT # F00000006477

1. Corporation Name

Lowe & Associates Consulting Engineers, Inc.

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

1800 Parkway Place

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite 720

Suite, Apt. #, etc.

City & State

Marietta, GA

City & State

Zip

30067

Country

USA

Zip

Country

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of this corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 03-22-2010

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	James A. Lowe	1800 Parkway Place Suite 720	Marietta, GA 30067
Secy	Patti Lowe	1800 Parkway Place Suite 720	Marietta, GA 30067
CFO	Joseph P. Schaefer	1800 Parkway Place Suite 720	Marietta, GA 30067

10. E-mail Address: JOES @ LAENGINEERING. COM

(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 807 or 817, 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 807.0401 or 817.0401, F.S., 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/25/10

770-423-0900

7/7/10