

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -9 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F0000006989**

1. Corporation Name

HUBER ENGINEERING COMPANY, INC.

Principal Place of Business

Mailing Address

415 EAST WASHINGTON STREET
THOMASVILLE GA 31792

P.O. BOX 1916
THOMASVILLE GA 31799



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 02

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

12/15/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

58-2250003

Applied For

Not Applicable

City & State

City & State

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

Zip Country

Zip Country

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
PCD	HUBER, ANTON III	415 EAST WASHINGTON STREET	THOMASVILLE GA 31792
CEO	HUBER, ANTON III	415 EAST WASHINGTON STREET	THOMASVILLE GA 31792
CFO	BENNETT, TRACEY L	415 E WASHINGTON ST.	THOMASVILLE GA 31792
S	DUNAWAY, MIKE K	415 E WASHINGTON ST.	THOMASVILLE GA 31792
			800009156218 12/09/02--01037--016 **150.00
			800009156218 11/21/02--01106--006 **600.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LINDSEY, WM. SCOTT
1407 PIEDMONT DRIVE EAST
TALLAHASSEE FL 32312

Name

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

Suite, Apt. #, Etc.

City

State
FL

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. or 617.0505, F.S.

Signature of Registered Agent

Wm Scott Lindsey
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/19/02

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:

Wm Scott Lindsey
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-14-02

Date

229-266-5999

Daytime Phone #

CR2E040 (8/02)