

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F01000003592

1. Corporation Name

WAGGONER ENGINEERING, INC.

Principal Place of Business

134 LEFLEURS SQUARE  
JACKSON MS 39211

Mailing Address

P.O. BOX 12227  
JACKSON MS 39236-2227

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.  
143-A Lefleours Square  
City & State

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/09/2001

5. FEI Number

64-0591204

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PCD	WAGGONER, JOE A	143-A 134 A LEFLEURS SQUARE	JACKSON MS 39211
VD	AL-TURK, EMAD	134 A LEFLEURS SQUARE	JACKSON MS 39211
VD	HUST, JAMES	143-A 134 A LEFLEURS SQUARE	JACKSON MS 39211
ST	TUCCIO, JOE	143-A 134 A LEFLEURS SQUARE	JACKSON MS 39211
D	HOLLEMAN, MATT	P.O. BOX 3348	JACKSON MS 39207
D	BAIER, DAVE	542 FAIRVIEW AVENUE	GLEN ELLYN IL 60137

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

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

J.L. Miles-Asst. Secy.

REGISTERED AGENT MUST SIGN

Date

10-23-03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joe Tuccio

Date

10/22/2003 601-355-9526

Daytime Phone #

200024779072  
11/18/03-01018-019 \*\*750.00

03 NOV 18 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 03

CR2E040 (7/03)