


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN 25 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F03006004850

1. Corporation Name

Prater Engineering Associates, Incorporated

2. Principal Office Address

6130 Wilcox Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

6130 Wilcox Rd.

Suite, Apt. #, etc.

City & State

Dublin, Ohio

Zip

43016

Country

USA

City & State

Dublin, Ohio

Zip

43016

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/25/2003

5. FEI Number

31-1465196

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

Mike Booher

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

2586 John Anderson Dr.

Suite, Apt. #, Etc.

City

Ormond Beach

400065073504

02/02/06 01017-011

FL

30102

*1050.00

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

Mike Booher

Date 01/23/06

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
CP	Tim Prater	6130 Wilcox Rd.	Dublin, Ohio 43016
YC	Kevin O'Mara	6130 Wilcox Rd.	Dublin, Ohio 43016
DS	Greg Riley	6130 Wilcox Rd.	Dublin, Ohio 43016
DS	Matthew Scherrer	6130 Wilcox Rd.	Dublin, Ohio 43016

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tim Prater

1/23/06

Date

(614)766-4896

Daytime Phone #