

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 DEC 19 AM 10:58

DOCUMENT # F04000005480

1. Entity Name  
PINKHAM & GREER CONSULTING ENGINEERS, INC.



REINSTATEMENT 06

Principal Place of Business  
170 US ROUTE ONE  
FALMOUTH, ME 04105

Mailing Address  
170 US ROUTE ONE  
FALMOUTH, ME 04105

800082647338  
12/19/06--01056--004 \*\*158.75

2. Principal Place of Business  
380 US ROUTE ONE  
Suite, Apt. #, etc.

3. Mailing Address  
380 US ROUTE ONE  
Suite, Apt. #, etc.

12152008 REIN-P CR2E098 (11/05)

City & State  
FALMOUTH ME  
Zip  
04105 Country  
USA

City & State  
FALMOUTH ME  
Zip  
04105 Country  
USA

4. Fil Number  
01-0418066 Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name  
Corporation Service Company  
Street Address (P.O. Box Number is Not Acceptable)  
1201 HAYS STREET  
City Tallahassee FL Zip Code  
32301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE JEFFREY G. LUBLIN ASST. VP. 12-15-06  
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS \$150.00  
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| TITLE | NAME                    | STREET ADDRESS           | CITY-STATE-ZIP           | <input type="checkbox"/> Delete |
|-------|-------------------------|--------------------------|--------------------------|---------------------------------|
| P     | PINKHAM, DAVID K P.E.   | 26 VERNON ROAD           | CAPE ELIZABETH, ME 04107 | <input type="checkbox"/>        |
| V     | STEARNS, STEPHEN E P.E. | 778 SOUTH WATERBORO ROAD | LYMAN, OM 04002          | <input type="checkbox"/>        |
| S     | MORAN, JAMES A III PE   | 18 TANNERY LANE          | YARMOUTH, ME 04098       | <input type="checkbox"/>        |
| T     | GREER, THOMAS G P.E.    | 2 BLOCKHOUSE RUN         | GORDHAM, ME 04038        | <input type="checkbox"/>        |
|       |                         |                          |                          | <input type="checkbox"/>        |
|       |                         |                          |                          | <input type="checkbox"/>        |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME                               | STREET ADDRESS | CITY-STATE-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|-------|------------------------------------|----------------|-------------------|------------------------------------------------------------------------------|
|       | TREASURER<br>GREER, THOMAS S. P.E. | 136 POONDRIFF  | FALMOUTH ME 04105 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
|       |                                    |                |                   | <input type="checkbox"/>                                                     |
|       |                                    |                |                   | <input type="checkbox"/>                                                     |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE: 12/15/06  
Secretary and TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Day/Mo/Yr