PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATI				DEPART Secretary	y of S			FILE (M 9: 53		
DOCUMENT # F080000 141'7 1. Corporation Name								S	SECRETARY OF STATE TALLAHASSEE, FLORIOS			
GIFFELS-WEBSTER ENGINEERS, INC Michigan CROSS REF: Giffels-Webster Engineers, Inc.								KEII		EMENT 20		
2- Principal Office Address - No P.O. Box # 2871 BOND ST					3. Mailing Office Address 2871 BOND ST				10/09/0901024019 **750.00 cR2E081(12/08)			
Suite, Apt. #, etc.				Suite, Apt. #	Suite, Apt. #, etc.				4. Date Incorporated or Qualified To Do Business in Florida 3/26/2008			
City & State ROCHESTER HILLS, MI				'	City & State ROCHESTER HILLS, MI			5. FEI Numbe	El Number Applied For 1621448 Not Applied For			
Zip 48309		Countr	•	Zip 48309		Coun	•	6. CERTIFICATI				
7. Name and Address of Current Registered Agent												
JON COLE C/O GIFFELS-WEBSTER ENGINEERS, INC.									☐ 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			
Street Address (P.O. Box Number is Not Acceptable) 900 PINE ST., SUITE 225							•					
Suite, Apt. #, Etc.							receiv					
City ENGLE	WOOD			State Zip Code 34223			fee be waived.					
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligation of Registered Agent REGISTERED AGENT MUST SIGN									Date Cet 6 Zw7			
9. Names	and Street A	ddresses	of Each Officer	and/or Director (F	lorida nonpre	ofit corp	orations must list at	least 3 directors)				
Titles	Name of Officers and/or Directors			ors	Street Address of Ea Officer and/or Direc							
VP	KEITH B	MAY	ER		2871 BOND ST				ROCHESTER HILLS, MI			
VP	MATTHEW SCHWANITZ				2871 BOND ST				ROCHESTER HILLS, MI			
PRES	LOREN	D CR	ANDELL		2871 BOND ST				ROCHESTER HILLS, MI			
SEC-T	JOHN N	RED	ASH		2871 BOND ST				ROCHESTER HILLS, MI			
										,		
										JC 10/12		
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 filling 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 Date Daytime Phone #												