APPLICATION FOR REINSTATEMENT	ALL INSTRUCTIONS FLORIDA DEPARTME Katherine H Secretary of S DIVISION OF CORPO	NT OF STATE arris State	79.97. 			
DOCUMENT # F12/127			\$1 11 0 pg 511 9: 59			
CORNERSTONE ENGINEERING & SURVEY WITH			And the Contestion			
Principal Place of Business	A					
1214 CLEUELAND ST.						
	33755		EINSTATEN	TENT (14)	-AU	
If above addresses are incorrect in any way, line through incorrect information and enter correct.  New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable			licable 4. Date Incorporated or Qualified			
Suite, Apt #, etc.	Apt. #, etc. Suite, Apt. #, etc		To Do Business in Florida  5. FEI Number			
Crty & State	City & State		59-205 384	.2	Applied For Not Applicable	
Zip Country	Zip Countr	ry	<ol> <li>CERTIFICATE OF STATUS DESII</li> </ol>	RED S8.75 Addition for a Certif	onal Fee required licale of Status	
7. Names and Street Addresses of Each Officer and/o		ations must list at least reet Address of Each	3 directors)			
Trile(s) and/or Directors Officer and/or Director Officer and/or Director Officer and/or Director Office Box Nur			mbers) 4	City / State / Zip		
PRESSER OWND L. HUGH	75 1214 cl	EUELAND	St Clave	water, fl	33755	
TRES DANE S. HUGHE	,	eveland '		water, FC		
			1	•		
V. Pres Richard Wasile	2005Ki 1214 Cl	BUE LAND	St ("LAR	WARGE	1378I	
				00002829800		
8. Name and Address of Current R	egistered Agent	 P	Name and Address of New F	Registered Agent		
Renaco L. Hughe	Name					
1214 Cloudland st. Clearwater, FC 33755		Street Address (P.O. Box Number is Not Acceptable)				
		Suite, Apt #, Etc.				
		City		State Zip Cod	ie	
10. I, being appointed the registered agent of the above Signature of Registered Agent _	e named corporation, am familiar wi	th and accept the oblig	ations of Section 607.0505 F.S.	3/22/99	and	
11. This corporation owes the countries Intangible Personal Propert		Yes 🏻		ee older side for intorn on intangible tax.)	nation	
12. I certify that I am an officer or director or the receive this reinstatement application, the reason for dissoli- owed by the corporation have been paid and the na on this application is true and accurate, and my sign	ution has been eliminated, the corpo imes of individuals listed on this for	orate name satisfies the m do not qualify for an i	requirements of section 607 046 exemption under section 119 07	01 or 617.0401, F.S. t	that all fees	
SIGNATURE: SIGNATURE AND TYPED OR PRINT	TED NAME OF SIGNING OFFICER OR D	DIRECTOR	3/22/9	) 727 44 <sup>a</sup> Daylene Phon	7-1763	