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 # F62871

1. Corporation Name

RAILROAD ENGINEERING, INC.

2. New Principal Office Address, If Applicable

ADKINS, CLAUDE B

Country

Name of Officers

and/or Directors

8. Name and Address of Current Registered Agent

Principal Place of Business

Mailing Address

Suite, Apt. #, etc.

City & State

Zip

2025 SYLVESTER RD., N-308 LAKELAND FL 33803

Suite, Apt. #, etc.

City & State

Title(s)

PD

Zip

2025 SYLVESTER RD., N-308 LAKELAND FL 33803

3. New Mailing Office Address, If Applicable

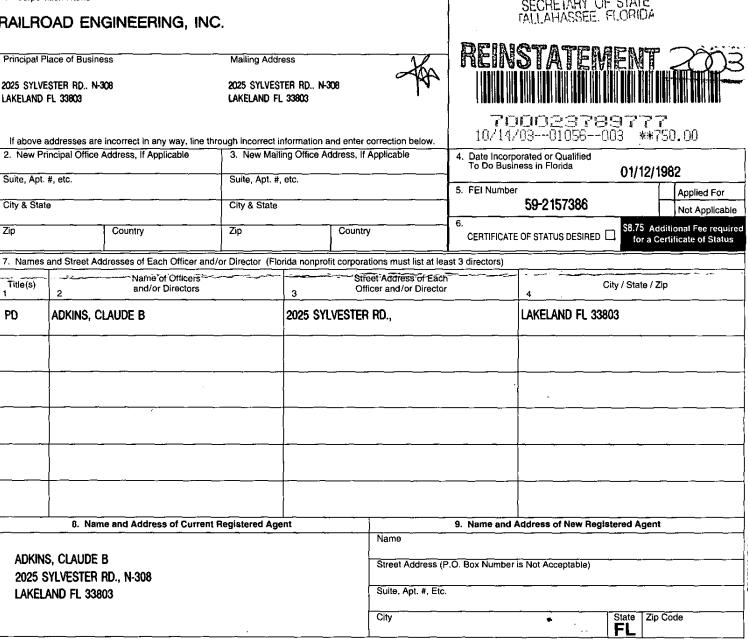
Country

2025 SYLVESTER RD.,



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SECRETARY OF STATE FALLAHASSEE, FLORIDA



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.

ADKINS, CLAUDE B

LAKELAND FL 33803

2025 SYLVESTER RD., N-308

REGISTERED AGENT MUST SIGN

Date 9-3-63

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 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 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.

Citv

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #