

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -6 AM 9:26

DOCUMENT # F93000005878

1. Corporation Name

CSI ENGINEERING, P.C.

Principal Place of Business

6251 AMMENDALE RD
SUITE 111
BELTSVILLE MD 20705

Mailing Address

6251 AMMENDALE RD
SUITE 111
BELTSVILLE MD 20705

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/27/1993

5. FEI Number

52-1705985

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PC	GHOSAL, DEBDAS	11601 SWAINS LOCK TERRACE	POTOMAC MD 20854
S	GHOSAL, MEERA	11601 SWAINS LOCK TERRACE	POTOMAC MD 20854

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/31/02

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 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 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/25/02

Daytime Phone #

301-210-9090 x230

CR2E040 (8/02)



MISSION CRITICAL FACILITIES INTEGRATORS
INFORMATION TECHNOLOGY SPECIALISTS
FACILITY MANAGERS • DESIGN BUILDERS

October 25, 2002

Mr. Jim Smith
Secretary of State
Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314-6327

Re: Document # F93000005878, Reinstatement Request
CSI Engineering, P.C., FEI Number 52-1705985

Dear Mr. Smith:

On October 24, 2002, CSI Engineering, P.C. received a notification from the Florida Department of State that our corporation's authority to conduct business in the state of Florida has been revoked. The notice states that we failed to file our 2002 annual report/uniform business report. This is our first notification concerning this matter. Inasmuch as no previous 2002 UBR notices were received by CSI Engineering, P.C., we kindly request the reinstatement fee be waived.

Enclosed please find our Application for Reinstatement and a check in the amount of \$150.00. An additional copy of the Application for Reinstatement is also enclosed along with a return envelope for your office to stamp and return to us as confirmation of receipt.

Should you have any questions concerning this, I can be reached at 301-210-9090, Ext. 230, or by email at dghosal@csie.com.

Sincerely,

Debdas Ghosal
President

Enclosures

DG/bh