FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

# REINSTATEMENT

CR2E081 (12/07)

DOCUMENT # F93000005878

1. Corporation Name

CSI ENGINEERING P.C.

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 12240 INDIAN CREEK CT. | 12240 INDIAN CREEK CT. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Beltsville, Maryland | City & State: Beltsville, Maryland |
| Zip: 20705 Country: | Zip: 20705 Country: |

4. Date Incorporated or Qualified To Do Business in Florida: 09/15/2006

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. Name and Address of Current Registered Agent

Name: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.:

City: PLANTATION State: FL Zip Code: 33324

☐ 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 fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Mark J. Diffenbaugh Date: 9/29/08

REGISTERED AGENT MUST SIGN — Mark J. Diffenbaugh, Asst. Secretary & V. President

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

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|---|---|---|---|
| P.C. | DEBDAS GHOSAL | 11601 SWAINS LOCK TERR. | POTOMAC, MD 20854 |
| S | MEERA GHOSAL | 11601 SWAINS LOCK TERR. | POTOMAC, MD 20854 |
| | | | |
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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 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 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] 9/15/08 301-210-9090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FLH10 - 02/25/2008 CT System Online

# Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
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Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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Fax Number : (850)878-5926

# CORPORATION REINSTATEMENT

## CSI ENGINEERING, P.C.

| | |
|---|---|
| Certificate of Status | 0 |
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