#### PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

# DOCUMENT # **F95000005065**

1. Corporation Name

### PCA ENGINEERING, INC.

Principal Place of Business

Mailing Address

430 MONTCLAIR AVE POMPTON LAKES NJ 07442 430 MONTCLAIR AVE

FILED

103 HOV -4 AM 10: 30

SECRETARY OF STATE TALLAHASSEE, FLORIDA

POMPTON LAKES NJ 07442			POMPTON LAKES NJ 07442				REINSTATEWENT _C.			
If above a	addresses are	incorrect in any way, line th	rouah incorrect i	nformation a	and enter o	correction below.	REINS	MIEMERA		
		Address, If Applicable		ew Mailing Office Address, If Applicable			Date Incorporated or Qualified     To Do Business in Florida			
Suite, Apt.	#, etc.	<u>, ,                                    </u>	Suite, Apt. #, etc.				5. FEI Numbe	10/18/1995 Applied For		
City & State			City & State	City & State			22-1688452 Not A		Not Applicable	
Zip		Country	Zip		Country	1	6. CERTIFICATE		Additional Fee required a Certificate of Status	
7. Names	and Street Ad	dresses of Each Officer and	I/or Director (Flo	orida nonpro	fit corpora	tions must list at lea	ast 3 directors)			
Title(s) 1	Name of Officers and/or Directors			Street Address of Eacl Officer and/or Directo			City / State / Zip			
P	KOPUT, DAN			937 SOUTH-MAIN-ST			<u> </u>	PLANTSVILLE CT 06479		
٧	RUECKEL, JOHN			39 ORCHARD STREET				HAMBURG NJ 07419		
P	KOGUT	, JOYCE	189 ATWAT			ER STREET	PLANTVILLE, CT 06479		06479	
							90	 Q02439421	.9	
						٠	11/04/	0301012004 *	*150.00	
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Name and Address of Current Registered Agent							9. Name and	Address of New Registered Ag	gent	
PHILLIPS, WALTER 543 59TH WAY S. ST PETERSBURG FL 33707						Name ROBERT PHILLIPS Street Address (P.O. Box Number is Not Acceptable) 518 60TH STREET SOUTH Suite, Apt. #, Etc.				
						City ST. PETER	RSBURG	State (	Zip Code 33707	
10. I, being		e registered agent of the ab	ove named corp	oration, am f	amiliar wit	h and accept the ob	oligations of Secti	on 607.0505, F.S. or 617.0505,	F.S.	

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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 of Registered Age

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN

0/27 /03 973 616-450



# PCA ENGINEERING, INC.

430 MONTCLAIR AVENUE • P.O. BOX 196 • POMPTON LAKES, NEW JERSEY 07442
Telephone: 973-616-4501 • Toll Free: 1-800-666-PCA1 • Fax: 973-616-4451
Regional Offices in MA, PA, NC, FL & VA

#### ENGINEERING • CORROSION TESTING & MATERIALS • DIVING • ENVIRONMENTAL SERVICES

October 27, 2003

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Uniform Business Report

Application for Reinstatement

Document No. 95000005065

To Whom It May Concern:

Please note, PCA Engineering, Inc. did not receive any notices from the State of Florida requesting the renewal of the Uniform Business Report.

We are, therefore, requesting that the reinstatement fee be waived without penalty.

If you should have any questions or if additional information is required, please do not hesitate to contact us.

Very truly yours,

PCA ENGINEERING, INC.

JOHN R. RUECKEL

VICE PRESIDENT/GENERAL MGR.

JRR:jah