

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

98 FEB 20 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000006567

1. Corporation Name

OMNI ENGINEERING OF OHIO, INC.

Principal Place of Business

Mailing Address

1200 POGY PLACE, P.O. Box 767
FERNANDINA BEACH, FL 32034-3180

REINSTATEMENT

97-98
00

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12-16-96

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

31-1306572

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PO	Thompson, Thomas G.	5101 N. AIA	FT. PIERCE, FL
V	EVANS, ROBERT D.	500 E. MAYNARD	COLUMBUS, OHIO
S	LOVELAND, CURTIS A., ESQ	41 SOUTH HIGH STREET	COLUMBUS, OHIO
T	BURLEY, DEBRA L.	644 THISTLE AVE.	GAHANNA, OHIO
V	ROBOLO, RICHARD T.	433 W. 6TH AVE.	COLUMBUS, OHIO

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL. 33324

9. Name and Address of New Registered Agent

Name

-02/24/98--01070--013

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

****900.00 ****900.00

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.

Signature of
Registered Agent

x *Wicki Medste*
REGISTERED AGENT MUST SIGN

VERLY GOLDSTEIN
SPECIAL ASSISTANT, SECRETARY

x 2/18/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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: x *Debra L. Burley* *Debra L. Burley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 2/13/98
Date

614-299-6000
Daytime Phone #

CR2E040 (1/98)