

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS		FILED 00 APR -7 PM 12: 10 SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT	
DOCUMENT # <u>F97000000119</u>			
1. Corporation Name <u>Architects/Engineering Services, Inc.</u>			
Principal Place of Business <u>Florida</u> <u>360 Central Avenue South, Suite 1470</u> <u>St. Petersburg, FL 33701-1687</u>		Mailing Address 	
If above addresses are incorrect in any way, one through five, correct them below.			
2. New Principal Office Address, If Applicable <u>Same</u>		3. New Mailing Address, If Applicable <u>Same</u>	
Suite/Apt. #, etc. <u>1470</u>		Suite/Apt. #, etc. <u>Same</u>	
City & State <u>St. Pete, FL</u>		City & State 	
Zip <u>33701-1687</u> Country <u>USA</u>		Zip <u>Same</u> Country <u>Same</u>	
4. Date Incorporated or Qualified To Do Business in Florida <u>01/08/1997</u>		DO NOT WRITE IN THIS SPACE	
5. FEI Number <u>38-2581653</u>		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐			
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
President	Nancy Watson	360 Central Ave., South Suite 1470 St. Petersburg, FL 33701	
V.P.	Scott DeFusco	2110 Pebble Sand West Spotsylvania, VA 22553	
V.P.	Dinesh Maganai	360 Central Ave., South Suite 1470 St. Petersburg, FL 33701	
V.P.	Tawann Simmons	9405 Wyatt Drive Sammamish, WA 98076	
8. Name and Address of Current Registered Agent CT Corporation System 1200 South Pine Island Road Plantation, Florida 33324		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		300003213743-9 -04/18/00--01120--026 ***1050.00 ***1050.00	
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 <u>Connie Bryan</u>		Date <u>4/7/00</u> REGISTERED AGENT MUST SIGN <u>Special Asst. Secy</u>	
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)			
12. I do hereby certify that the information supplied with the filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <u>Nancy Watson</u>		Date <u>4/6/2000</u> Daytime Phone # <u>1212-539-12325</u>	