


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

01 JUL -5 PM 12:25

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # F98000000023

1. Corporation Name  
 OTM Engineering, Inc.

100004488401--2  
 -07/20/01--01102--027  
 \*\*\*1058.75 \*\*\*1058.75

2. Principal Office Address 248 Addie Roy Road		3. Mailing Office Address Same	
Suite, Apt. #, etc. Suite B-200		Suite, Apt. #, etc.	
City & State Austin, TX		City & State	
Zip 78746	Country USA	Zip	Country

**REINSTATEMENT 99-01**

4. Data Incorporated or Qualified To Do Business in Florida		1983
5. FEI Number 74-2811708		Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		

7. Name and Address of Current Registered Agent

Name: Eileen Schwartz

Street Address (P.O. Box Number is Not Acceptable): 2736 NW 26 St.

Suite, Apt. #, Etc.:

City: Boca Raton State: FL Zip Code: 33434

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: [Signature] Date: 7/3/02

REGISTERED AGENT MUST SIGN

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
Pres.	James M. Sinopoli	308 Copperleaf	Lakeway, TX 78734
Secy.	Dena M. Sinopoli	315 Hurst Creek Road	Lakeway, TX 78734
V.P.	William Neyland	4703 Caslusto Terrace	Austin, TX 78727
V.P.	Brian Combs	13923 Winding Hill	San Antonio, TX 78217

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 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: Dena M. Sinopoli - DENA M. SINOPOLI 7-2-01 512-328-8801

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

CR2E081 (9/00)