

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F99000004087

1. Corporation Name

BRAZOS VALLEY ENGINEERING, INC.

Principal Place of Business

1560 HARLEY MITCHELL PARKWAY
BRYAN TX 77803

Mailing Address

1560 HARLEY MITCHELL PARKWAY
BRYAN TX 77803

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/10/1999

5. FEI Number

74-2747198

Applied For

Not Applicable

6. 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	BRUMMIT, BRIAN W	670 HOOSIER LANE	NAVASOTA TX 77868
V	HUBACEK, RICHARD A	4303 TURK RANCH ROAD	COLLEGE STATION TX 77845

100004745741--0

-12/31/01--01103--010

****750.00 ****750.00

12/12/01

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BENNETT, RICHARD L
118 FAIR OAKS DRIVE
CRESTVIEW FL 32539

Name

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

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

Richard L. Bennett

REGISTERED AGENT MUST SIGN

Date

12/17/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/12/01

979 823-1447

CR2E040 (8/01)