PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 96-99 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
FEB -1 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K 64353

1. Corporation Name

REO Engineers & Planners, Inc.

Principal Place of Business
1696 Old Okeechobee Road
Unit 1C
West Palm Beach, FL
33409

Mailing Address
P.O. Box 3226
West Palm Beach,
FL 33402-3226

REINSTATEMENT 96-99 7/8 2/1/99

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc
City & State
Zip — Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc
City & State
Zip — Country

4. Date Incorporated or Qualified To Do Business in Florida: 02/09/1989

5. FEI Number: 65-0169977 — 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PSD	Robert E. Owen	4360A Lilac Street	Palm Beach Gardens, FL 33410
VTD	Donald M. Shepherd	4579 Durham Street	West Palm Beach, FL 33415

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***1200.00 ***1200.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent
Name: Robert E. Owen
Street Address (P.O. Box Number is Not Acceptable): 4360A Lilac Street
Suite, Apt. #, Etc
City: Palm Beach Gardens — State: FL — Zip Code: 33410

CR2E040 (12/98)

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: [signature] — REGISTERED AGENT MUST SIGN — Date: 1/28/99

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] 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: [signature] — 1/28/99 (Date) — 561-687-0446 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert E. Owen