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
97 NOV 20 PM 12:3[illegible]
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # K73652

1. Corporation Name
STUHL ENGINEERING CONSULTANTS, INC.

Principal Place of Business	Mailing Address
1860 ANZLE AVENUE WINTER PK FL 32789 US	PO BOX 547834 ORLANDO FL 32854-7834 US

REINSTATEMENT 95.00

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
Suite, Apt. #, etc.	1860 Anzle Ave Suite, Apt. #, etc.
City & State	City & State: Winter Park, Fl.
Zip / Country	Zip: 32789 / Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 03/17/1989

5. FEI Number: 59-2938262 ☐ 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
~~DP~~	~~STUHL, HOSEPH F. III~~	~~1409 LAKE DANIEL DR.~~	~~ORLANDO FL~~
DP	Stuhl, Joseph F., III	1850 Anzle Ave.	Winter Park, Fl. 32789
V	Condo, Harold, H.	680 Via Lugano	Winter Park, Fl. 32789

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****750.00 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
KATZ, LAWRENCE H. STE 120 341 N MAITLAND AVE MAITLAND FL 32751	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/97)

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 11/17/97

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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/97 Date

407-645-5815 Daytime Phone #