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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1 of 2

APPLICATION FOR REINSTATEMENT

L02000026388

DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000026388

Name and Mailing Address

0014407 01 AT 0.292 **AUTO T2 0 0615 34105-710720

BLAIR A. FOLEY PE, L.L.C.
120 EDGEMERE WAY SOUTH
NAPLES FL 34105-7107

CR2E084 (7/03)

| | |
|---|---|
| 2. New Mailing Address | 4. State/Country of Formation: FL |
| City, State, Zip | 5. Date Organized or Qualified To Do Business in Florida: 10/03/2002 |
| Principal Place of Business: 120 EDGEMERE WAY SOUTH NAPLES FL 34105 | 3. New Principal Place of Business Address |
| City, State, Zip | 6. FEI Number: ☐ Applied For ☒ Not Applicable |
| | 7. CERTIFICATE OF STATUS DESIRED ☒ — $5.00 Additional Fee required for a Certificate of Status |

| 8. Name and Address of Current Registered Agent | 9. Name and Address of New Registered Agent |
|---|---|
| BEAVIN, KAREN S<br>307 AIRPORT ROAD NORTH<br>NAPLES FL 34104 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City: FL — Zip Code |

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent SIGNATURE REQUIRED Date 10-19-03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

| Title(s) | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|---|---|---|---|
| MGRM | FOLEY, BLAIR | 120 EDGEMERE WAY SOUTH | NAPLES FL 34105 |
| | | | |
| | | | 100023960661<br>10/21/03--01020--013 **150.00 |
| | REINSTATEMENT 03 | | 100023960661<br>10/21/03--01020--020 **5.00 |
| | | | |

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of Managing Member/Manager SIGNATURE REQUIRED Date 10.17.03 Daytime Phone # 239.263.1222

Typed or printed name of signing Managing Member/Manager Blair A. Foley

2 of 2

Blair A. Foley, P.E.
Civil Engineer / Development Consultant

OCT 17, 2003

Division of Corp's
Registration Section
PO Box 6327
Tallh, FL 32314

Dear Sirs:

Enclosed is the completed APPLICATION for REINSTATEMENT. Please consider WAIVING THE FEE AS I DID NOT Receive any Request in the mail for the 2003 Uniform Business Report.

Enclosed is the $150 FEE if you Decide not to waive this Requirement.

Thank You,

Blair Foley

Blair A. Foley, P.E., LLC • 120 Edgemere Way South • Naples, Florida 34105
239.263.1222 • Fax 239.263.0472 • Cellular 239.289.4900 • email: fols000@aol.com