

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

96 DEC 17 AM 8:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L87871**

1 Corporation Name

**KHAS ENGINEERING, INC.**

Principal Place of Business

Mailing Address

4625 EASTVIEW AVE  
LAKE WORTH FL 33463  
US

4615 EASTVIEW AVE  
LAKE WORTH FL 33463  
US



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 |  | 4. Date Incorporated or Qualified To Do Business in Florida  |  |
| Suite, Apt. #, etc.                            |  | Suite, Apt. #, etc.                          |  | 07/10/1990   |  |
| City & State                                   |  | City & State                                 |  | 5. FEI Number  |  |
| Zip  |  | Country                                      |  | 65-0200937   |  |
|  |  |  |  | Applied For  |  |
|  |  |  |  | Not Applicable   |  |
|  |  |  |  | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|------------|-------------------------------------|---|----------------------|
| PST        | ALLEN, KEITH H.                     | 4615 EASTVIEW AVE   | LAKE WORTH FL        |
| VD         | ALLEN, KEITH, H                     | 4615 EASTVIEW AVE   | LAKE WORTH FL        |
|            |                                     |   |                      |
|            |                                     |   |                      |
|            |                                     |   |                      |
|            |                                     |   |                      |
|            |                                     |   |                      |
|            |                                     |   |                      |
|            |                                     |   |                      |

500002033465--7  
12/19/96 01027 013  
\*\*\*\*375.00 \*\*\*\*375.00

|   |  |  |  |
|---|--|--|--|
| 8. Name and Address of Current Registered Agent             |  | 9. Name and Address of New Registered Agent  |  |
| ALLEN, KEITH H.<br>4615 EASTVIEW AVE<br>LAKE WORTH FL 33463 |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>Suite, Apt. #, Etc.<br>City<br>State<br>FL<br>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: *[Signature]* **REGISTERED AGENT MUST SIGN** Date: 12/5/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(l), 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]* **REGISTERED AGENT MUST SIGN** Date: 12/5/96 Daytime Phone: 719-535-7171