

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 JAN -3 PM 2:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 701000006156

1. Corporation Name

popov/nedeff engineers inc

2. Principal Office Address

598 fernwood rd

Suite, Apt. #, etc.

City & State

key biscayne , fl

Zip  
33149

Country  
USA

3. Mailing Office Address

598 fernwood rd

Suite, Apt. #, etc.

City & State

key biscayne , fl

Zip  
33149

Country  
usa

REINSTATEMENT 04-06  
CR2E081(12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

June 17, 2002

5. FEI Number

65-1075116

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

nicholas nedeff

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

598 fernwood rd

Suite, Apt. #, Etc.

City

key biscayne

State  
FL

Zip Code

33149

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 12/28/06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
pst	nicholas nedeff	598 fernwood rd	key biscayne , fl 33149

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10. 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 contained in Chapter 119, 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:

Nicholas Nedeff

12/28/06

(305)301-5498

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #