2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000009807

1. Entity Name
WARLICK/HALL ENGINEERING, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB 13 AM 8:37

REINSTATEMENT 06-07

Principal Place of Business	Mailing Address
3612 AZEELE ST. TAMPA, FL 33609	3612 AZEELE ST. TAMPA, FL 33609

01292007 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
18875 Cortez Boulevard	18875 Cortez Boulevard
Suite, Apt. #, etc.	Suite Apt. #, etc.
City & State: Brooksville, Florida	City & State: Brooksville, Florida
Zip: 34601 Country: USA	Zip: 34601 Country: USA

4. FEI Number: 59-3709890 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GARDNER, JOHN W
221 EAST ROBERTSON STREET
BRANDON, FL 33511

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

600088982686
02/22/07--01001--021 **300.00

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HALL, R. DOUGLAS 3612 AZEELE ST. TAMPA, FL 33609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD Hall, R. Douglas 18875 Cortez Boulevard Brooksville, FL 34601 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Hall, Cynthia 18875 Cortez Boulevard Brooksville, FL 34601 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1/31/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #