

APPROVED  
AND  
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

08 FEB 12 AM 9:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2-13-08

DOCUMENT # P01000031998  
1. Corporation Name  
GINN ENGINEERING, INC.

2. Principal Office Address - No P.O. Box #  
3948 SE 15th STREET  
Suite, Apt. #, etc.  
City & State  
OCALA, FL  
Zip 34471 Country USA

3. Mailing Office Address  
W08-5510  
3948 SE 15th STREET  
Suite, Apt. #, etc.  
City & State  
OCALA, FL 34471  
Zip 34471 Country USA

REINSTATEMENT 06-08  
CR2E081 (1/07)

7. Name and Address of Current Registered Agent  
Name  
BARRY GINN  
Street Address (P.O. Box Number is Not Acceptable)  
3948 SE 15th STREET  
Suite, Apt. #, Etc.  
City  
OCALA  
State  
FL  
Zip Code  
34471

4. Date Incorporated or Qualified To Do Business in Florida 3-29-01

5. FEI Number 59-3705968 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *Barry Ginn* Date 12-27-07  
REGISTERED AGENT MUST SIGN

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
P	BARRY GINN	3948 SE 15th STREET	OCALA, FL 34471
			100116335821 01/29/08--01019--011 **908.75
			100116335821 02/20/08--01007--006 **150.00

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: *Barry Ginn* Date 12-27-07 (321) 514-8365  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #