

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 APR 21 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000017714

1. Corporation Name

Envisioneering, Incorporated

2. Principal Office Address - No P.O. Box #

87 Baybridge Park

Suite, Apt. #, etc.

City & State

Gulf Breeze, Florida

Zip

32561

Country

U.S.A.

3. Mailing Office Address

87 Baybridge Park

Suite, Apt. #, etc.

City & State

Gulf Breeze, Florida

Zip

32561

Country

U.S.A.

700124390587
04/21/08--01002--030 **\$600.00

REINSTATEMENT 05-08

**4. Date Incorporated or Qualified
To Do Business in Florida** 02/15/2002

5. FFI Number
753008207

☐ 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

Kevin Berg

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

87 Baybridge Park

Suite, Apt. #, etc.

City

Gulf Breeze

State
FL

Zip Code
32561

☒ 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

REGISTERED AGENT MUST SIGN

Date 04/16/2008

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/T/S	Kevin Berg	87 Baybridge Park	Gulf Breeze, Florida 32561
D	Sharon Berg	87 Batbridge Park	Gulf Breeze, Florida 32561

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:

Kevin Berg, President

04/16/2008 850-339-5320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #