

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY -7 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000084967**

1. Corporation Name

FS.Engineering, Inc.

2. Principal Office Address

380 Semoran Commerce Place

3. Mailing Office Address

380 Semoran Commerce Place

Suite, Apt., etc.

Unit C-307

Suite, Apt. #, etc.

Unit C-307

City & State

Apopka, FL

City & State

Apopka, FL

Zip

32704

Country

Orange

Zip

32704

Country

Orange

4. Date Incorporated or Qualified

To Do Business in Florida Aug, 6, 2002

5. FEI Number

38-3657337

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

Wendall Felske

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

216 North Central Drive

Suite, Apt. #, Etc.

City

Apopka

State

FL

Zip Code

32712

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

Date 4/13/2004

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 | Wendall Felske | 380 Semoran Commerce PI Unit C-307 | Apopka, FL 32704 |
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STATEMENT 03-01

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04/20/04--01058--029 **758.75

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 under section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/2004

Date

407-889-8830

Daytime Phone #

CR2E061 (01/04)