

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 DEC -4 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000072023

1. Corporation Name

DONE RIGHT ENGINEERING, INC.

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

31800 SW 195 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

31800 SW 195 AVE

Suite, Apt. #, etc.

City & State

HOMESTEAD, FL

City & State

HOMESTEAD, FL

Zip

33030

Country

US

Zip

33030

Country

US

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
05/03/2004

5. FEI Number

65-1241955

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

ROBERT C. SCOTT

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

31800 SW 195 AVENUE

Suite, Apt. #, Etc.

City

HOMESTEAD

State

FL

Zip Code

33030

800242404028
12/04/12--01006--014 **1050.00

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

Robert C. Scott
REGISTERED AGENT MUST SIGN

Date **11/29/2012**

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/D	ROBERT SCOTT	31800 SW 195 AVENUE	HOMESTEAD, FL 33030
S/T	JO ANNE SCOTT	31800 SW 195 AVENUE	HOMESTEAD, FL 33030

REINSTATEMENT

DEC 04 2012

R. HUNT

10. E-mail Address: **GRANMASCOTT@AOL.COM**

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Robert C. Scott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/29/2012

305-607-1199

Date

Daytime Phone #