

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 OCT 19 PM 2:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 905000119973

1. Corporation Name

COBIAN ENGINEERING AND TECHNICAL CONSULTANTS, P A

**REINSTATEMENT**

06

800081020168

CR2E081 (12/05)

2. Principal Office Address

446 DREXEL Ridge Cir.

3. Mailing Office Address

SAME AS PRINCIPAL

Suite, Apt #, etc

Suite, Apt #, etc

office address

City & State

OCDEE, FLA

City & State



Zip

34761

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

AUGUST 29, 2005

5. FEI Number

11-3758661

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

Corporation Service Company

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

1201 Hays St.

Suite, Apt #, Etc

City

Tallahassee

State

FL

Zip Code

32301

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

[Signature] AST.V.P.  
REGISTERED AGENT MUST SIGN

Date 10/18/06

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
CEO	JOANNE J. NEGRON	446 DREXEL Ridge Circle	OCDEE, FLA. 34761
PRES.	" " "	" " "	" " "

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:

Joanne Negron  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/06 0-321-251-6413  
Date Daytime Phone #  
C-407-760-6622



CORPORATION SERVICE COMPANY

282

ACCOUNT NO. : 072100000032

REFERENCE : 536045 7499947

AUTHORIZATION :

COST LIMIT : \$ 750.00

ORDER DATE : October 18, 2006

ORDER TIME : 10:33 AM

ORDER NO. : 536045-005

CUSTOMER NO: 7499947

RECEIVED  
06 OCT 19 PM 12:59  
STATE  
DIVISION OF  
REGISTRATION  
FLORIDA

DOMESTIC FILINGS

NAME: COBIAN ENGINEERING AND  
TECHNICAL CONSULTANTS, PA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Denise Mick - Ext# 2950

EXAMINER'S INITIALS \_\_\_\_\_