PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 DEC 11 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P09827**

1. Corporation Name

ESTIMATION, INC.

Principal Place of Business	Mailing Address
805L BARKWOOD COURT LINTHICUM HEIGHTS MD 21090	805L BARKWOOD COURT P O BOX 488 LINTHICUM HEIGHTS MD 21090 US

300002375683--3
-12/17/97--01108--001
****750.00 ****750.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/18/1986

5. FEI Number: 52-1493611 ☐ Applied For ☐ Not Applicable

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
C	LLEWELLYN, GEORGE M.	~~2220 SPRING LAKE DRIVE~~ #2 BALLYDINE CT UNIT 301	TIMONIUM MD
VST	JUBB, J T	3227 FOSTER AVE	BALTIMORE MD
P	LLEWELLYN, G MICHAEL	1841 BARRINGTON DR	YORK PA
V	WAGNER, MARK	3751 JARRETTSVILLE PIKE	JARRETTSVILLE MD
V	GOODWIN, ROBERT W	1324 APPALOOSA RD	BOULDER CITY NV

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8. Name and Address of Current Registered Agent

SOMERVILLE, ~~DINE~~ DIANE
728 LAGOON DR
NO PALM BCH FL 33408

Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

SC 12-16-97

CR2E040 (8/97)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Diane Somerville Date: 12/4/97

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (See other side for Information on Intangible tax.)

12. 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: J.T. Jubb J. T. JUBB 12/1/97 (410)636-5680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #