

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 DEC 12 AM 9:11

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P93000016868**

1. Corporation Name
FARLEY AND ASSOCIATES, CONSULTING ENGINEERS, INC

Principal Place of Business 3388 HENDERSON RD MALABAR FL 32950 US	Mailing Address 9300 NORTH A1A, SUITE 201C VERO BEACH FL 32963
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REINSTATEMENT 02

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

2. New Principal Office Address, If Applicable 9301 N. A1A STE 2A	3. New Mailing Office Address, If Applicable 3388 Henderson Dr	4. Date Incorporated or Qualified To Do Business in Florida 03/04/1993
City & State VERO BEACH, FL	City & State MALABAR FL	5. FEI Number 59-3173659
Zip 32963	Country USA	Country USA

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	FARLEY, FRANK W	3388 HENDERSON RD	MALABAR FL 32950

300009488583
 12/12/02--01058--012 **750.00

8. Name and Address of Current Registered Agent FARLEY, FRANK W 3388 HENDERSON RD MALABAR FL 32950	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code
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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. or 617.0505, F.S.

Signature of Registered Agent **SIGNATURE REQUIRED** Date **12-9-02**
 REGISTERED AGENT MUST SIGN

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., 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 REQUIRED** Date **12-9-02** Daytime Phone # **772-5896229**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/02)