

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

23 JUL 14 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000072122

1. Corporation Name

ESI Engineering & Construction Co., Inc.

Principal Place of Business

Mailing Address

c/o 205 Worth Avenue
Suite 201
Palm Beach, FL 33480

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

2. New Principal Office Address, If Applicable
c/o Marvin S. Rosen, Esq.

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida 10/18/93

Suite, Apt. #, etc.
222 Lakeview Avenue

Suite, Apt. #, etc.

5. FEI Number
65-0446213

Applied For

City & State
West Palm Beach, FL

City & State

Not Applicable

Zip

Country

Zip

Country

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
D, P, S, T	Atkinson, David E.	c/o 222 Lakeview Avenue	West Palm Beach, FL 33410

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

The Prentice Hall Corporation System
1201 Hays Street, Suite 105
Tallahassee, FL 32301

Name

NRAI Services, Inc.

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

526 East Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code
32301

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

Ed Hand ~ Asst. Sec.

Date

7/19/95

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. 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. 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

David E. Atkinson, Director

Date

Daytime Phone #

7/10/99

CR2040 (12/95)