PLEASE READ A	ALL INSTRUCTIONS	BEFORE CON	APLETING THIS FORM.
APPLICATION FLORIDA DEPARTMENT OF STATE			·
FOR	Sandra B. Mortham		the state of the s
REINSTATEMENT	Secretary of State DIVISION OF CORPORATIONS		
DOGUMENT # POSC	pa500000150p		98 OCT 26 PM 1:27
1. Corporation Name			
Environmental Geogrience & Engineering of Jacksonville, Inc.			SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business Mailing Address			
00 Bax 8687			
Jacksonville FL 32225 Jacksonville, FL 32225		e,FL	
Jacksonville FL 32225 32239			
If above addresses are incorrect in any way, line thro	ough incorrect information and enter o	correction below.	
New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.		FEI Number Applied For
City & State	City & State		59 - 32 88 141 Not Applicable
Zip Country	Zip Country	6.	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/o			directors)
Title(s) Name of Officers and/or Directors 2	Off	eet Address of Each icer and/or Director se Post_Office Box Number	
Preg. James O. Smith	h, In 3828 Fee	ther Oaks.	Pr E Jacksonville FL 32277 Same
V.P Leah V. Sm	+6	(Source
VI LEAN V. /M	(17	Same	74212
			017
REINS			TATEMENT 4/
		6 45-36 6 2-	1011
			129
8. Name and Address of Current Registered Agent			Name and Address of New Registered Agent
James D. Smith Jr			
James O. Smith, Jr. 3828 Feather Oaks Drive East Suite, Apt. #, Etc.			ox Num peris Nov Academic 15: r 4 1 4 2 9 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
3828 Feq1116 Call Vrive Cay			***1517.50 ****758.75
Jacksonville, FL 32277 City			State Zip Code
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 Date 10-26-98 REGISTERED AGENT MUST SIGN			
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 filling 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: James M. James O. Smith Jr. 10-26-98 904 7249 300			