

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000071192

1. Corporation Name

BROOKS & ASSOCIATES ENGINEERING AND ENVIRONMENTAL CONSULTING, INC.

Principal Place of Business

5068 N.W. 85TH ROAD
CORAL SPRINGS FL 33067-1989

Mailing Address

5068 N.W. 85TH ROAD
CORAL SPRINGS FL 33067-1989

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

08/27/1996

5. FEI Number

65-0612820

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
D	BROOKS, STEPHANIE S	5068 N.W. 85TH ROAD	CORAL SPRINGS FL 33067
D	SCHALTENBRAND, EUGENE D	11501 NW 30TH STREET	CORAL SPRINGS FL 33065

000003434320--2
-10/23/00--01005--023
****750.00 ****750.00

10/10/18

8. Name and Address of Current Registered Agent

BROOKS, STEPHANIE S
5068 N.W. 85TH ROAD
CORAL SPRINGS FL 33067-1989

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

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

Stephanie S Brooks
REGISTERED AGENT MUST SIGN

Date 10-11-00

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:

Stephanie S Brooks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-11-00 954-746-1987