

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

01 AUG 21 AM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P97000023217

1. Corporation Name

CIVIL ENGINEERING ASSOCIATES, INC.

2. Principal Office Address

720 E. FLETCHER AVENUE

Suite, Apt. #, etc.

SUITE 202

City & State

TAMPA, FL

Zip

33612

Country

USA

3. Mailing Office Address

1418 FISHING LAKE DRIVE

Suite, Apt. #, etc.

City & State

ODESSA, FLORIDA

Zip

33556

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/10/97

5. FEI Number

59-3436566

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name

DALE D. ERNSBERGER

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

1418 FISHING LAKE DRIVE

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33556

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 8/20/01

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/S/T	DALE D. ERNSBERGER	1418 FISHING LAKE DRIVE	ODESSA, FL 33556

10. 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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/01

Date

8133342186

Daytime Phone #



ACCOUNT NO. : 072100000032

REFERENCE : 436932 7283012

AUTHORIZATION :

COST LIMIT : \$ PREPAID

ORDER DATE : August 21, 2001

ORDER TIME : 3:32 PM

ORDER NO. : 436932-005

CUSTOMER NO: 7283012

CUSTOMER: Dale D. Ernsberger, President
Civil Engineering Associates,
720 East Fletcher Avenue
Suite 202
Tampa, FL 33612

DOMESTIC FILINGS

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2001 AUG 21 PM 3:51

NOT INTERFERED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

NAME: CIVIL ENGINEERING ASSOCIATES,
INC.

STATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS _____