

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 MAR 25 PM 3:02

RECEIVED

DOCUMENT # **P97000023217**

1. Corporation Name

CIVIL ENGINEERING ASSOCIATES, INC.

2. Principal Office Address - No P.O. Box #
1418 FISHING LAKE DRIVE

3. Mailing Office Address
1418 FISHING LAKE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ODESSA, FL

City & State
ODESSA, FL

Zip Country
33556 USA

Zip Country
33556 USA

400197526474
03/11/11--01036--010 **1385.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida **3/10/1997**

5. FEI Number **59-3436566** Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED **\$6.75** Additional Fee required
for a Certificate of Status

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
ODESSA

State Zip Code
FL 33556

Reinst. 07-11
DC-3-28-11

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **2/08/2011**

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

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

10. E-mail Address: **ERNSBERGER.PE2@VERIZON.NET**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

DALE D ERNSBERGER **2/08/2011** **813-732-9082**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #