

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JUL 19 PM 12:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000044697

1. Corporation Name

TREASURE COAST ARCHITECTS & ENGINEERS,  
PLANNERS & DESIGNERS INC.

500006629455--9

-07/25/02--01002--012

\*\*\*1200.00 \*\*\*1200.00

2. Principal Office Address

4125 SOUTH STREET P.O. Box 1777

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1777

Suite, Apt. #, etc.

City & State

TITUSVILLE, FL

City & State

TITUSVILLE, FL

Zip

32780

Country

US

Zip

32781

Country

US

**REINSTATEMENT** 99-02

4. Date Incorporated or Qualified  
To Do Business in Florida

05.16.1997

5. FEI Number

59-347-2482

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

HEIDE, AP

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

4125 SOUTH STREET

Suite, Apt. #, Etc.

City

TITUSVILLE

State

FL

Zip Code

32781-1777

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

Heide, AP  
REGISTERED AGENT MUST SIGN

Date 07.17.02.

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

<u>P/D</u>	<u>HEIDE, AP</u>	<u>4125 SOUTH STREET</u>	<u>TITUSVILLE, FL 32781-1777</u>

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)(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.

HEIDE, AP  
Heide

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07.17.02

Date

321-454-6900

Daytime Phone #

CR2E081 (9/00)