

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **998000005073**

1. Corporation Name

Engineering Constuction Consultants, Inc.

Principal Place of Business

Mailing Address

238 Ash Lane
Lakeland, FL. 33813

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

2. New Principal Office Address, If Applicable

2033 E. Edgewood Drive

3. New Mailing Office Address, If Applicable

same as new address

Suite, Apt. #, etc.

Suite 3

Suite, Apt. #, etc.

City & State

Lakeland, FL. 33803

City & State

Zip
33803

Country
USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

January 15, 1998

5. FEI Number

59-3497102

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	Leonard G. Wood	228 Ash Lane	Lakeland, FL. 33813
T/S/V/D	Robert F. Green	1195 S. First Avenue	Bartow, FL. 33830
V/D	Leonard A. Zullo	10904 Linda Vista Drive	Dade City, FL. 33525

8. Name and Address of Current Registered Agent

Leonard G. Wood
228 Ash Lane
Lakeland, FL. 33813

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

Robert F. Green

REGISTERED AGENT MUST SIGN

Date

10/5/99

11. This corporation owes the current year
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 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:

Robert F. Green

Robert F. Green

10/4/99

863-668-5490

KE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REINSTATEMENT

99 @

FILED
99 OCT -7 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E061 (12/98)