

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

03 JAN -7 AM 11:55

SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 700009884967  
 01/06/03--01100--003 \*\*750.00

DOCUMENT # **P98000020773**

1. Corporation Name

**NEAL HILER ENGINEERING, INC.**

Principal Place of Business

636 N. RIO GRANDE  
 ORLANDO FL 32805

Mailing Address

636 N. RIO GRANDE  
 ORLANDO FL 32805

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

03/04/1998

5. FEI Number

59-3495857

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
CPD	HILER, NEAL B PE	1415 W. ST RD 434 636 N. Rio Grande Ave	LONGWOOD FL 32758 Orlando, FL 32805
VSTD	<del>MORRIS, JUDY A</del>	1415 W. ST RD 434	LONGWOOD FL 32750

8. Name and Address of Current Registered Agent

HILER, NEAL B  
 636 N. RIO GRANDE  
 ORLANDO FL 32805

9. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City State Zip Code  
 FL

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. or 617.0505, F.S.

Signature of Registered Agent

*Neal B Hiler* REGISTERED AGENT MUST SIGN

Date 12-12-02

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:

*Neal B Hiler* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-12-02

Date

Daytime Phone #

CR20040 (802)