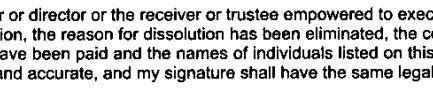


**PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.**

<b>APPLICATION FOR REINSTATEMENT</b>			<b>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P99000092631</b>				
<b>1. Corporation Name</b> <b>WILKES ENGINEERING, INC.</b>				
<b>Principal Place of Business</b> <b>2127 BROADWATER DRIVE JACKSONVILLE FL 32225</b>		<b>Mailing Address</b> <b>2127 BROADWATER DRIVE JACKSONVILLE FL 32225</b>		
<b>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</b>				
<b>2. New Principal Office Address, If Applicable</b>		<b>3. New Mailing Office Address, If Applicable</b>		
<b>Suite, Apt. #, etc.</b>		<b>Suite, Apt. #, etc.</b>		
<b>City &amp; State</b>		<b>City &amp; State</b>		
<b>Zip</b>		<b>Country</b>		
<b>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least one officer)</b>				
<b>Title(s)</b> <b>1</b>	<b>Name of Officers and/or Directors</b> <b>2</b> <b>DP WILKES, P. GLENN</b>	<b>Street Address of Each Officer and/or Director</b> <b>3</b> <b>2127 BROADWATER DRIVE</b>		
<b>DS</b>	<b>WILKES, LEAH A</b>	<b>2127 BROADWATER DRIVE</b>		
<b>8. Name and Address of Current Registered Agent</b>		<b>Name</b> <b>WILKES, P. GLENN</b>		
<b>2127 BROADWATER DRIVE</b>		<b>Street Address</b> <b>JACKSONVILLE FL 32225</b>		
		<b>Suite, Apt. #, Etc.</b>		
		<b>City</b>		
<b>10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the responsibilities of this position.</b>				
<b>Signature of Registered Agent</b>		<b>REGISTERED AGENT MUST SIGN</b> 		
<b>11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfied owed by the corporation have been paid and the names of individuals listed on this form do not qualify for on this application is true and accurate, and my signature shall have the same legal effect as if made under penalty of perjury.</b>				
<b>SIGNATURE: <i>D. P. Wilkes</i></b> <b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>				

FILED

00 OCT 23 PM 2:06

SECRETARY OF STATE,  
TALLAHASSEE, FLORIDA



## REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida		10/18/1999
5. FEI Number		Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
DP	WILKES, P. GLENN	2127 BROADWATER DRIVE	JACKSONVILLE FL 32225
DS	WILKES, LEAH A	2127 BROADWATER DRIVE	JACKSONVILLE FL 32225
			700003455867--9 11/07/00 01109 018 ****758.75 ****758.75
			LS

URZEU40 (8,00)

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent		
<b>WILKES, P. GLENN</b> <b>2127 BROADWATER DRIVE</b> <b>JACKSONVILLE FL 32225</b>		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		Suite, Apt. #, Etc.		
		City	State	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**

stored agent of the above named corporation, am familiar with and accept the  
**Power of Attorney**  
REGISTERED AGENT MUST SIGN

Date 10-20-00

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:** SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16-20-00 223-6000  
Date Daytime Phone #