managaran da managar					
		TIONS BEFORE C		NG THIS FOI	RM.
APPLICATION FOR	Sandi	ra B. Mortham	}		
REINSTATEMENT		etary of State of CORPORATIONS	98 OCT 2	26 PM 1:23	
DOCUMENT # 574143 1. Corporation Name			SECRETARY OF STATE TALLAHASSEE. FLORIDA		
Environmental Geoscience &					
Engineering, Inc. Principal Place of Business Mailing Address					
1 PO Box 8687					
Jacksonville, FL3225 Jacksonville, FL			9000026741398 -10/28/9801031024		
If above addresses are Incorrect in any way, line through incorrect information and enter correction below.				***1517.	.50 ****758.75
New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable			Date Incorpor To Do Busine	rated or Qualified ess in Florida	8-15-91
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. FEI Number Applied For		
City & State	City & State		<u>59-</u>	307995	7.0(7,100,000,000
Zip Country	Zip ·	Country	<u> </u>	OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/o	or Director (Florida non	Street Address of Each			
Title(s) 2 and/or Directors 3 (Do NOT Use Post Office Box N 3828			lumbers)	4	ty / State / Zip
Pres, James O. Smi		Feather Og	KS PrE	Jackson	ville, FL, 32277
V.P. Leah V. Sin	ith	Same	· .	Sau	10
				(71-12
REINS			STATE	MENT_	()
					10/26
					10/20
8. Name and Address of Current Registered Agent Name			9. Name and Ad	idress of New Registe	ered Agent
James O. Smith Jr. Street Address (P.			.O. Box Number is	Not Acceptable)	
3828 Feather Oaks Dr. E. Suite, Apt. #, Etc.				 	
Jacksonville, FL 32277 City			····		State Zip Code
10. 1, 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 Am O hu PREGISTERED AGENT MUST SIGN' Date 10-26-98					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No 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: James O. Smith, Jr. 10-26-98 904 724 9300 SMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #					