

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



FILED

98 MAR -2 AM 8:42

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **S17558**

1. Corporation Name **ENGINEERING & ENVIRONMENTAL DESIGN, INC.**

Principal Place of Business Mailing Address
807 S. ORLANDO AVENUE SUITE C WINTER PARK, FL 32789 **SAME**

REINSTATEMENT 97-98

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/30/91	
City & State		City & State		5. FEI Number	
Zip		Country		59-3082047	
				6. CERTIFICATE OF STATUS DESIRED <input 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)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P, D	LARRY T. RAY	3347 EDGECLIFFE DRIVE	ORLANDO, FL 32806
VP, D	JAMES T. SHOW	3319 BARRIDGE LANE	ORLANDO, FL 32812
VP, S, D	JAMES C. HUCKEBA	31540 SOARING HAWK LANE	SORRENTO, FL 32776

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-03/10/98 --01046--016
*****\$300.00 ***\$300.00**

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
LARRY T. RAY 3347 EDGECLIFFE DRIVE ORLANDO, FL 32806		Name JAMES C. HUCKEBA Street Address (P.O. Box Number is Not Acceptable) 807 S. ORLANDO AVENUE Suite, Apt. #, Etc. SUITE C City WINTER PARK State FL Zip Code 32789	

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: Date: **2/26/98**

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2/26/98** Daytime Phone #: **(407) 599-5588**

CR20040 (1/98)