

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # V45426

1. Corporation Name

SOIL ENGINEERING, INC.

FILED

98 DEC -4 PM 5:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4901 RIO VISTA AVE.
B-2
TAMPA FL 33634
US

Mailing Address

4901 RIO VISTA AVE.
B-2
TAMPA FL 33634
US

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

2. New Principal Office Address, If Applicable

5143 RIO VISTA AVE

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

Zip

33634

Country

FLORIDA

3. New Mailing Office Address, If Applicable

5143 RIO VISTA AVE

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

Zip

33634

Country

FLORIDA

4. Date Incorporated or Qualified
To Do Business in Florida

06/23/1992

5. FEI Number

59-3158062

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D	ROTENSTEIN, SUSAN	648 GENEVA PL	TAMPA FL
D	ROTENSTEIN, HERTZ	648 GENEVA PL	TAMPA FL
D	ROTENSTEIN, ALEXANDRA	648 GENEVA PL	TAMPA FL

REINSTATEMENT

9/1 B 12/7/98

8. Name and Address of Current Registered Agent

HERTZ ROTENSTEIN
648 GENEVA PL.
TAMPA FL 33634

9. Name and Address of New Registered Agent

Name

HERTZ ROTENSTEIN
Street Address (P.O. Box Number is Not Acceptable)

200002708152--8

Suite, Apt. #, Etc.

-12/09/98-01115-012

City

****758 75

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date NOVEMBER 20, 1998

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

NOVEMBER 20, 1998

Date

Daytime Phone #

813-885-1250