

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 19 AM 10: 58

REINSTATEMENT 06

800082647338
12/19/06--01056--004 **158.75



12152008 REIN-P CR2E098 (11/05)

DOCUMENT # F0400005480
1. Entity Name
PINKHAM & GREER CONSULTING ENGINEERS, INC.



Principal Place of Business
170 US ROUTE ONE
FALMOUTH, ME 04105

Mailing Address
170 US ROUTE ONE
FALMOUTH, ME 04105

2. Principal Place of Business
380 US ROUTE ONE
Suite, Apt. #, etc.

3. Mailing Address
380 US ROUTE ONE
Suite, Apt. #, etc.

City & State
FALMOUTH ME

City & State
FALMOUTH ME

Zip
04105

Country
USA

Zip
04105

Country
USA

4. Fil Number
01-0418066

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent
Name
Corporation Service Company
Street Address (P.O. Box # number is not acceptable)
1201 HAYS STREET
City Tallahassee FL Zip Code 32301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE JEFFREY G. LUBLIN ASST. VP. 12-15-06

(NOTE: Registered Agent signature required when reinstated)

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PINKHAM, DAVID K P.E. 26 VERNON ROAD CAPE ELIZABETH, ME 04107	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEARNS, STEPHEN E P.E. 778 SOUTH WATERBORO ROAD LYMAN, OH 04002	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORAN, JAMES A III PE 13 TANNERY LANE YARMOUTH, ME 04098	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GREER, THOMAS G P.E. 2 BLOCKHOUSE RUN GORHAM, ME 04038	<input type="checkbox"/> Delete	TREASURER GREER, THOMAS S. P.E. 136 POONDRIFF FALMOUTH ME 04105 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information submitted with this filing does not qualify for the exemptions contained in Chapter 118, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with address, with all other the empowered.

SIGNATURE: 12/15/06

Secretary and Typed or Printed Name of Signing Officer or Director