

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000076487

1. Corporation Name

HAYWORTH ENGINEERING SCIENCE, INC.

Principal Place of Business

Mailing Address

~~3239 COUNTRY CLUB DRIVE
LYNN HAVEN FL 32444~~

~~3239 COUNTRY CLUB DRIVE
LYNN HAVEN FL 32444~~

LIBR

2002

FILED

02 DEC 19 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

2. New Principal Office Address, If Applicable
305 Ohio Avenue

3. New Mailing Office Address, If Applicable
P.O. BOX 203

4. Date Incorporated or Qualified To Do Business in Florida
07/31/2001

Suite, Apt. #, etc.
Suite D

Suite, Apt. #, etc.
~~1001~~

5. FEI Number
59-3742539

City & State
Lynn Haven, FL

City & State
Lynn Haven, FL

Zip
32444

Zip
32444

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
OP	HAYWORTH, JOEL S	3239 COUNTRY CLUB DRIVE	LYNN HAVEN FL 32444

700009602637
12/19/02--01091--003 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HAYWORTH, JOEL S
3239 COUNTRY CLUB DRIVE
LYNN HAVEN FL 32444

Name

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

Suite, Apt. #, Etc.

City

State **FL** 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. or 617.0505, F.S.

Signature of Registered Agent

Joel S Hayworth
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/16/02

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)(f), 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:

Joel S Hayworth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/16/02
Date

(850)
819-0671
Daytime Phone #

CR2E040 (8/02)

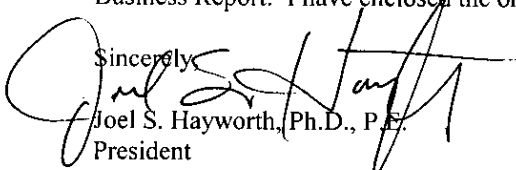
2052

12/16/2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom it May Concern:

Due to an incorrect address on file with your division, I did not receive the previous request for the Uniform Business Report. I have enclosed the original filing fee of \$150.00 for a for-profit corporation.

Sincerely,

Joel S. Hayworth, Ph.D., P.E.
President
Hayworth Engineering Science, Inc.