PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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	PORAT					OA DEPAR Secreta DIVISION OF	ry of St		TE	0	SECRI IVISION	FILE TARY TOF CO	OF STATE	1E 110NS 42		
DOCUMENT # PO1000108449 1. Corporation Name R1 ENGINFERING, INC.										12 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6					3-04 -	
2. Principal Office Address 3600 NYESTMENT LANE Suite, Apt. #, etc.					3. Mailing, Office Address 3600 KARTHANT LANE Suite, Apt. #, etc. SUITE 184					REINSTATEMENT 03-04 BDD042101698 10/22/0401030020 **900.00						
SUITE 104 City & State WEST-PALM BEACH, EL_ Zip Country					City & Sta	ite	SAV.H Count	/		To Do Business in Florida 1 09 200 5. FEI Number Appli					olied For 'Applicable*	
3340)4	Park	BA	4+	334	04_	PAZA	BEACH	-	CERTIFICAT	E OF STATU	IS DESIRED		Additional Certificate	Fee required of Status	
Name WENDELL T, RODGERS Street Address (P.O, Box Number is Not Acceptable) 3600 INVESTMENT LANE Suite, Apt. #, Etc. SUITE 104 City WEST PAM BEACH 8. I, being appointed the registered agent of the above named corporation, arr familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Date 1/5/84																
Q Names	and Street A	ddreeses	of Each C		ENROPEMENT /4 to	AGENT MU		ratione muet li	et at los	et 3 directore)	se seuccia vac gry	· · · · · · · · · · · · · · · · · · ·	·			
Titles	Names and Street Addresses of Each Officer and/or Di Name of Officers and/or Directors					Street Address of Each Officer and/or Director					h City / State / 7in					
PSTD	VENORU TI BODGER				<u>.s</u>	360	O INVA	357MBN7 54	LA,	WE		BST PARM BEAUT, FL		, FL=	33484	
10. 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 filling 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 Daytime Phone #																

10/25 90