~~CORPORATION~~
~~REINSTATEMENT~~

**FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 20 AM 11: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**DOCUMENT #** P13129

**1.** Corporation Name
JORDAN + SKALA ENGINEERS, INC

2004
WBR

04

**2.** Principal Office Address
5365 OAKBROOK PKWY

**3.** Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**4.** Date Incorporated or Qualified To Do Business in Florida

City & State
NORCROSS, GA

City & State

**5.** FEI Number
58-1359120

Applied For

Not Applicable

Zip
30093

Country
GWINNETT

Zip

Country

**6.** CERTIFICATE OF STATUS DESIRED ☐

$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name
CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 S PINE ISLAND RD

200036932052

Suite, Apt. #, Etc.

05/19/04--01054--006  **750.00

City
PLANTATION

State
FL

Zip Code
33324

**8.** I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____
REGISTERED AGENT MUST SIGN

Date _____

CR2E081 (01/04)

**9.** Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|---|---|---|---|
| P/T D | GERALD M SKALA | 5365 OAKBROOK PKWY | NORCROSS GA 30093 |
| VP S/D | JORDAN, CHARLES | 5365 OAKBROOK PKWY | NORCROSS GA 30093 |
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**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 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: _____  GERALD M. SKALA  5/16/04  770-447-5547
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #