

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

CORPORATION  
REINSTATEMENT

FILED

00 DEC 29 PM 12:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P13129

1. Corporation Name  
BREWER & OKALA ENGINEERS, INC

2. Principal Office Address  
6030-P UNITY DR

3. Mailing Office Address  
6030-P UNITY DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
NORCROSS GA

City & State  
NORCROSS GA

Zip  
30071

Country  
USA

Zip  
30071

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
58-1359120

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT JMO

7. Name and Address of Current Registered Agent

Name  
CT CORPORATION SYSTEM

000003533640--3

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

-01/11/01--0110--012  
\*\*\*\*\*750.00 \*\*\* \*750.00

Suite, Apt. #, Etc.

City  
PLANTATION

State  
FL

Zip Code  
33324

8. If 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  
Vicky Goldstein  
VICKY GOLDSTEIN  
SPECIAL ASSISTANT SECRETARY  
REGISTERED AGENT MUST SIGN

Date  
12/28/00

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PO	GERALD M. OKALA	6030-P UNITY DR	NORCROSS GA 30071
VSD	CHARLES C JORDAN-JR	6030-P UNITY DR	NORCROSS GA 30071

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)(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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/21/2000

Date

770-447-5547

Daytime Phone #