

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

00 NOV -6 PM 1:55

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # S42772

1. Corporation Name

ENGINEERING CONSULTANTS, INC.

Principal Place of Business

Mailing Address

~~1200 S OCEAN BLVD BOCA RATON FL 33432~~

~~1200 S OCEAN BLVD BOCA RATON FL 33432~~



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

2. New Principal Office Address, If Applicable

c/o CIVETTA

3. New Mailing Office Address, If Applicable

~~same as~~

4. Date Incorporated or Qualified To Do Business in Florida

04/01/1991

Suite, Apt. #, etc.

3850 Galt Ocean Dr. #1711

Suite, Apt. #, etc.

new

5. FEI Number

59-3070918

Applied For

Not Applicable

City & State

Ft. Lauderdale FL

City & State

~~Principal~~ address

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	GESCHEIDT, RICHARD A.	400 SOUTH DIXIE HIGHWAY	BOCA RATON FL
P	CIVETTA, ALMA	1200 S OCEAN BLVD	BOCA RATON FL
P	Cesare Civetta	3850 Galt Ocean Dr 1711	Ft. Lauderdale FL 33308

000003483950--6
-12/04/00--01017--020
****150.00 ****150.00

8. Name and Address of Current Registered Agent

~~GESCHEIDT, RICHARD A.
400 SOUTH DIXIE HIGHWAY
SUITE 320, THE ARBOR
BOCA RATON FL 33432~~

9. Name and Address of New Registered Agent

Name Cesare Civetta
Street Address (P.O. Box Number is Not Acceptable) 3850 Galt Ocean Dr 1711
Suite, Apt. #, Etc. Ft. Lauderdale FL 33308
City State Zip Code FL

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.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 11.2.00

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)(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

11.2.00

Date

Daytime Phone #

954
565
7815

CR2E040 (8/00)

Engineering Consultants Inc

2082

11-2-00

To Whom It May Concern,

Please be advised that due to the change of address the forms to report were never received, and I am enclosing \$150. — and the new address, officer update, and R. agent info.

Thank you,

Sincerely,

Cesne Pitta

for

Engineering Consultants.