

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
 Glenda E. Hood  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**  
**Oct 16, 2003 8:00 A.M.**  
**Secretary of State**

DOCUMENT # **714383**

1. Corporation Name

**FLORIDA EAST COAST CHAPTER OF THE ASSOCIATED GENERAL CONTRACTORS OF AMERICA, INC.**

Principal Place of Business	Mailing Address
2617 AUSTRALIAN AVENUE WEST PALM BEACH FL 33407 US	2617 N AUSTRALIAN AVE. WEST PALM BEACH FL 33407 US



REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	04/03/1968
5. FEI Number	59-0600117
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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
<del>PCD</del>	<del>ARCELLA, PAUL</del>	<del>90 SE 3RD CT</del>	<del>DEERFIELD FL 33441</del>
<del>STD</del>	<del>GLADWIN, SKIP OR RF</del>	11900 SE SHELL AVE	HOBE SOUND FL
CD	LEIGHTON, KENT	8049 MONTARY DR., STE D-1	RIVERA BEACH FL 33404
VCD	FEDELE, JAMES	4300 OAK CIRCLE	BOCA RATON FL 33431
2VCD	HENNINGS, GARY	560 VILLAGE BLVD #120	WEST PALM BEACH FL 33409

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALEXANDER, BRUCE 515 N. FLAGLER DR. 19TH FLR WEST PALM BEACH FL 33401	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City
	State <b>FL</b>
	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: *[Signature]* Date: **Oct. 17, 2003**  
 REGISTERED AGENT MUST SIGN

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]* Date: **10.15.03** Daytime Phone #: **561-686-5511**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20040 (7/03)