

APPLICATION FOR REINSTATEMENT



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

FILED
 00 DEC 27 AM 11:09
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # **761208**
 1. Corporation Name
COLLIER BUILDING INDUSTRY ASSOCIATION, INC.

Principal Place of Business Mailing Address
 2465 TRADE CENTER WAY 2465 TRADE CENTER WAY
 NAPLES FL 34109 NAPLES FL 34109
 US US

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 Zip Country



4. Date Incorporated or Qualified To Do Business in Florida **12/23/1981**
 5. FEI Number **59-1284455** Applied For Not Applicable
 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	MELSON, RICH LONGO, DINO	6000 TAYLOR RD #1 1923 TRADE CTR. WAY	NAPLES FL 34109
D	LEE, JOHN CRAWFORD, WALTER	1923 TRADE CENTER WAY 24301 WALDEN CTR. DR.	NAPLES FL 34109 BONITA SPRINGS, FL 34135
D	WESTON, DAVE GUIDIDAS, BOB	2408 S HORSESHOE DR 5150 TAMAMI TR. N.	NAPLES FL 34103
D	HASH, JOHN	601 EAGLE CREEK DR	NAPLES FL 34113
D	ELLIS, DAVID	2465 TRADE CENTER WAY	NAPLES FL 34109
D	MEADE, MARLENE	3845 FOREST GLEN BLVD	NAPLES FL 34114

8. Name and Address of Current Registered Agent
ELLIS, DAVID
 2465 TRADE CENTER WAY
 NAPLES FL 34109

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc. **300003524533--8**
 City *****245.00** Zip **245.00**
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 Date **12-15-00**
 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)(l), 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: **KE**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DAVID ELLIS** Date **12-15-00** Daytime Phone # **941-592-6100**