

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
01 DEC 24 PM 2:59

DOCUMENT # 761208

1. Corporation Name

COLLIER BUILDING INDUSTRY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2465 TRADE CENTER WAY
NAPLES FL 34109
US

2465 TRADE CENTER WAY
NAPLES FL 34109
US



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

REINSTATEMENT

01

2. New Principal Office Address, If Applicable

4779 ENTERPRISE AVE.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

4779 ENTERPRISE AVE
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

12/23/1981

5. FEI Number

59-1284455

Applied For

Not Applicable

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34104

Country

USA

Zip

34104

Country

USA

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	LONGO, DINO	1923 TRADE CTR. WAY	NAPLES FL 34109
D	CRAWFORD, WALTER	24301 WALDEN CTR. DR.	BONITA SPRINGS FL 34134
D	GUIDIDAS, BOB SPINELLI, BILL	5150 TAMiami TR. N. 3927 ARNOLD AVE	NAPLES FL 34109 34104
D	HASH, JOHN GATES, TODD	801 EAGLE CREEK DR. 5405 PARK CENTRAL CT	NAPLES FL 34113 34109
D	ELLIS, DAVID	2465 TRADE CENTER WAY	NAPLES FL 34109
D	MEADE, MARLENE TIBSTRA, TREVOR	8845 FOREST GLEN BLVD 4601 ENTERPRISE AVE	NAPLES FL 34114 34104

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ELLIS, DAVID

~~2465 TRADE CENTER WAY~~
NAPLES FL ~~34109~~

4779 ENTERPRISE AVE
34104

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

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.

Signature of Registered Agent

David Ellis

REGISTERED AGENT MUST SIGN

600004765456--5

-01/10/02--01076--018

****236.25 ****236.25

Date

12-20-01

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

David Ellis

Date

Daytime Phone #

12-21-01 941-643-6060

CR2E040 (8/01)