

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
99A
 REINSTATEMENT

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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 OCT 27 AM 9:20

DOCUMENT # **M39209**

1. Corporation Name
BUILDING TRADES ASSOCIATION, INC.

Principal Place of Business Mailing Address

1181 S ROGERS CR ~~STE 6~~ 1181 S ROGERS CR ~~STE 6~~
 BOCA RATON FL 33487 BOCA RATON FL 33487
 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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc. Suite 1		Suite, Apt. #, etc. Suite 1		09/29/1986	
City & State		City & State		5. FEI Number	
				59-2735490	
Zip		Country		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
PD	OLECK, RICHARD	1181 S ROGERS CIRCLE #1	BOCA RATON FL
VPD	OLECK, HARVEY	1181 S ROGERS CIRCLE #1	BOCA RATON FL

400003035894--5
 -11/05/99--01013--013
 ***150.00 ***150.00

Handwritten initials

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
LEVITT, PRESTON C. 7770 W. OAKLAND PARK BLVD. STE 280 SUNRISE FL 33351		Name Jeffrey Bolton	
		Street Address (P.O. Box Number is Not Acceptable) 2401 NW Boca Raton Blvd	
		Suite, Apt. #, Etc. 100	
		City Boca Raton	State FL Zip Code 33431

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: *Jeffrey Bolton* Date: **10/14/99**

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: *Paul R. [Signature]* Date: **10/14/99** (561) 241-0913

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR200407 (8/96)