PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 APR 29 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05/10/05--01084--017 **297.50

DOCUMENT # N02000007392

1. Corporation Name
NORTHWEST FLORIDA CHAPTER OF THE NATIONAL ASSOCIATION OF INDUSTRIAL AND OFFICE PROPERTIES, INC.

REINSTATEMENT 03-05

2. Principal Office Address	**3.** Mailing Office Address
701 N. TARRAGONA	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PENSACOLA, FL	City & State
Zip: 32501 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 9-27-02

5. FEI Number: 54-2076592 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: JOHN GRIFFING C/O NAI HALFORD

Street Address (P.O. Box Number is Not Acceptable): 220 S. PALAFOX ST.

Suite, Apt. #, Etc.

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City: PENSACOLA State: FL Zip Code: 32501

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: _____ Date: 1 JAN 05
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	JAMES J. REEVES	701 N. TARRAGONA ST	PENSACOLA, FL 32501
S/D	STEVE JERNIGAN	25 W. CEDAR ST SUITE 620	PENSACOLA, FL 32501
D	BLAISE ADAMS	2200 AIRPORT BLVD	PENSACOLA, FL 32503
D	JOHN GRIFFING	220 S. PALAFOX ST	PENSACOLA, FL 32501
D	JOE BUEHLER	2024 MAGNOLIA AVE.	PENSACOLA, FL 32503
T/D	NELSON BRADSHAW	5055 BAYOU BLVD	PENSACOLA, FL 32503

10. 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: _____ JOHN GRIFFING 1 JAN 05 850 433 0571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #