

2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N10000008144	
1. Entity Name BUILDING ENERGY ASSESSMENT PROFESSIONALS, INC.	



FILED

12 MAR 16 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FL 32309

Principal Place of Business 3960 VIA DEL REY BONITA SPRINGS, FL 34134	Mailing Address 3960 VIA DEL REY BONITA SPRINGS, FL 34134
---	---



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03162012 REIN-NP CR2E099 (12/11)

8. Name and Address of Current Registered Agent NAPLES LAW GROUP, PL C/O JOHN P WHITE 1575 PINE RIDGE RD, SUITE 10 NAPLES, FL 34109	
---	--

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
--	--

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	9. SIGNATURE <i>Michael J. Rogers</i> 3/16/12 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
---	--

FILE NOW!!! FEE IS \$297.50	Make check payable to Florida Department of State
-----------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D KIEFER, JOHN R 3960 VIA DEL REY BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D STROER, DENNIS 121 TRIPLE DIAMOND BLVD, #6 NORTH VENICE, FL 34275 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D STEWART, ARLENE ZAVOCKI P O BOX 5818 GAINESVILLE, FL 32627 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Mike Rogers 113 E. College Ave. Suite 200 Tallahassee, FL 32301
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100225014631 03/19/12--01001--012 **297.50
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: <i>Michael J. Rogers</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	3/16/12 MROGERS@WILSONMGMT.COM Date	E-MAIL ADDRESS
---	--	----------------

Michael J. Rogers