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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 MAR 22 AM 11:23

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 739993

1. Corporation Name
Greater Orlando Chapter of The
Construction Specifications
Institute, Inc.

000095804309
04/04/07-01039 004 **122.50

2. Principal Office Address
2080 Poinciana Rd.
Suite, Apt. #, etc.

3. Mailing Office Address
2080 Poinciana Rd.
Suite, Apt. #, etc.

City & State
Winter Park, FL
Zip Country
32792

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Winter Park, FL
Zip Country
32792

REINSTATEMENT 06-07

4. Date Incorporated or Qualified
To Do Business in Florida 08/24/1977

5. FEI Number 59-3036432
Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Robert O. Adams
Street Address (P.O. Box Number is Not Acceptable)
20351 Quinlan St.
Suite, Apt. #, Etc.
City Orlando State FL Zip Code 32833

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 Robert O. Adams Date 1/15/07
REGISTERED AGENT MUST SIGN

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
Pres	Gr. Michael Starks	377 S. Moss Rd.	Winter Springs, FL 32708
Pres Exec	Wendell Feltman	2600 Maitland Center Parkway, Ste 260	Maitland, FL 32751
V P	Mathew J. Heald	5790 Hoffner Ave, Ste 501	Orlando, FL 32822
Sec	William C. Bokhm	18153 Robertson St.	Orlando, FL 32833
Treas	Robert O. Adams	20351 Quinlan St.	Orlando, FL 32833

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 contained in Chapter 119, 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: Robert O. Adams 1/15/07 407-927-3012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Reinstatement of Non-Profit Corporation
The Greater Orlando Chapter CSI
FEI # 59-3036432

Gentlemen:

Attached is a completed Reinstatement Application form for reinstatement of our chapter corporation. Due to a combination of our annual change of officers and relocation of our mailing address, the corporation did not receive the annual report notices last year. We respectfully request that the reinstatement fees be waived for this reinstatement.

Please let me know what (if any) fees may be applicable and we will certainly forward payment promptly.

Should you have any questions or need additional information, please contact me by mail, telephone or e-mail as listed below.

Sincerely,



Robert O. Adams
GOCSI Treasurer
20351 Quinlan St.
Orlando, FL 32833
Tel: 407.927.3012
e-mail: bobnsue13@netzero.com