PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

**FILED**
**Dec 12, 2003 8:00 A.M.**
**Secretary of State**

DOCUMENT # 76324

**REINSTATEMENT 03**

600025464836
12/12/03--01063--023 **297.50

**1.** Corporation Name
FLORIDA CHAPTER, AMERICAN SOCIETY OF LANDSCAPE ARCHITECTS, INC.

| **2.** Principal Office Address | **3.** Mailing Office Address |
|---|---|
| 13 EVANSVILLE LANE | 13 EVANSVILLE LANE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| PALM COAST, FL | PALM COAST, FL |
| Zip 32164 Country USA | Zip 32164 Country USA |

**4.** Date Incorporated or Qualified To Do Business in Florida 06/16/1982

**5.** FEI Number 592459949 ☐ 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: ANDREW S. DANCE

Street Address (P.O. Box Number is Not Acceptable): 13 EVANSVILLE LANE

Suite, Apt. #, Etc.:

City: PALM COAST State: FL Zip Code: 32164

**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 12/08/2003
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

**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 | ANDREW DANCE | 13 EVANSVILLE LANE | PALM COAST, FL 32164 |
| V/D | JEFF CASTER | 7912 BRIARCREEK | TALLAHASSEE, FL 32312 |
| T/D | DANA WORTHINGTON | 3308 FLOWERTREE RD | ORLANDO, FL 32812 |
| S/D | RICHARD ROME | 2253 TRESCOTT DR. | TALLAHASSEE, FL 32312 |
| | | | |
| | | | |

**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: _____ 12/05/03 386-447-4993.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

$297.50