| | | PLEASE REA | AD ALL INST | RUCT | IQNS BEFC | RE C | OMPLET | ING TH | IS FORM | l. | | |
|--|-----------------------------------|------------|---------------------|---|---------------------------------|-------|---|--|---|-----------------------------------|-------------------------------|--|
| REINSTATEMENT | | | | DEPARTMENT OF STATE Secretary of State SION OF CORPORATIONS | | | | FILED 2006 AUG 17 AM 10: 42 | | | | |
| DOCUMENT # 767962 1. Corporation Name THE FLORIDA SOUTHWEST CHAPTER OF THE | | | | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | | | |
| CONSTRUCTION SPECIFICATION 2. Principal Office Address 2503 DEL PRADO BLVD. 2503 Suite, Apt. #, etc. Suite, Apt. # | | | | | Office Address PEL PRADO BLYO. | | | CR2E081 (12/05) | | | | |
| <u>.</u> | | L, FL. | City & State | CAPE CORAL, FL | | | | 4. Date Incorporated or Qualified To Do Business in Florida 04/I4/I983 5. FEI. Number Applied For Not Applicable | | | | |
| 33 q | 104 | Country | ^{Zip} 3390 | 74 | Country USA : | ٠. | 6. CERTIFICATE | OF STATUS | DESIRED \$8 | 3.75 Additiona for a Certifica | I Fee require te of Status | |
| Name RONALD J. MELVIN Street Address (P.O. Box Number is Not Acceptable) 2503 DEP PRADO BLVD. Suite, Apt. #, Etc. 5UITE 200 City CAPE CORAL | | | | | | | ed Agent | State FL | 19047 1926021 1926021 2006 33 | 820 **542 0'` 8904 | - .50 - | |
| 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obling signature of Registered Agent PEGISTERED AGENT MUST SIGN | | | | | | | | on 607.0505 Date | - | | | |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least | | | | | | | | Γ | | | | |
| Titles | Name of Officers and/or Directors | | | Street Address of Each Officer and/or Director | | | City / State / Zip | | | | | |
| pres. | RONALD J. MELVIN RA, CSI | | | 2503 DEL PRADO BLVO. SUITE 200 | | | CAPE | CORAL, | FL. 33 | 3904 | | |
| OPEO! | KEN BUSCHLE CS1, CCS, CCCA | | | GORA-M'GAHEY ASSOC. IN ARCH 43 BARKLEY CIRCLE, SUITE 202 | | | FORT | MYERS | ,FL 3? | 907 | | |
| 157 V.P. | JOHN H. GERALD CSI, NCARB | | | 909 SE 47TH TERR. | | | CAPE CORAL, FL 33904 | | | | | |
| 2 nd V.P. | DEBOR | AH L. PICK | 1024 OSOWAW BLVD. | | | SPRIN | 4 HILL, | FL 34 | -607 | | | |
| ÆC. | KENNETH M. HOUPT CSI | | | | 4460-1 CAMINO REAL WAY | | | | MYERS | , FL. 3 | 3912 | |
| TREAS. | BAYARD C. HORN CSI, COT | | | | AS 18P 3520 METRO PKWY. | | | FORT | Myers, | FL 33 | 3916 | |

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 filling 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: