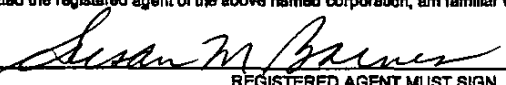


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 769392			
1. Corporation Name Construction Materials Engineering Council, Inc.			
2. Principal Office Address 850 Courtland St		3. Mailing Office Address 850 Courtland St	
Suite, Apt. #, etc. B1		Suite, Apt. #, etc. B1	
City & State Orlando FL		City & State Orlando FL	
Zip 32804	Country USA	Zip 32804	Country USA
4. Date Incorporated or Qualified To Do Business in Florida		7/15/1983	
5. FEI Number 59-2316651		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 Susan M Barnes			
200059447132 09/08/05--01020--001 **1950 00			
Street Address (P.O. Box Number is Not Acceptable) 850 Courtland St			
Suite, Apt. #, Etc. B1			
City Orlando		State FL	Zip Code 32804
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 9/6/05	
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
C	Mike Whisonant	435 W. Grant St	Orlando FL 32806
D	Dan Dunham	1030 N Orlando Ave	Winter Park FL 32789
D	John Ellis, II	6424 Beach Blvd	Jacksonville FL 32216
D	Bill Dickens	6503 Monterey Dr	Tampa FL 33625
D	Gary Drew	9970 Bavaria Rd	Ft Myers FL 33913
D	Roger Wingeter	1820 NE 144 St	Miami FL 33181
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 Ellis, II 9/6/05 407-628-3682	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	