

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 AUG 25 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO1000004286
1. Corporation Name
FLORIDA INSTITUTE OF CONSTRUCTION CAREERS

REINSTATEMENT 02-53
000022556048
08/25/03--01101--012 ***306.25

2. Principal Office Address 164 NW 80 AVE Suite, Apt. #, etc.		3. Mailing Office Address 164 NW 80 AVE Suite, Apt. #, etc.	
City & State MARGATE FL		City & State MARGATE FL	
Zip 33063	Country BROWARD	Zip 33063	Country BROWARD

4. Date Incorporated or Qualified To Do Business in Florida 6-19-2001	
5. FEI Number 65-1153543	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Rick Nail		
Street Address (P.O. Box Number is Not Acceptable) 164 NW 80 AVE		
Suite, Apt. #, Etc.		
City MARGATE	State FL	Zip Code 33063

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 *[Signature]* Date 8/19/03

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
(P) PRES.	JAMES RASCHE	14750 NW 77 CT #220	MIAMI LAKES FL 33016
(S) SEC.	BILL DOZIER	3932 NW 167 ST.	MIAMI FL 33054
(D) DIR.	RICK NAIL	164 NW 80 AVE.	MARGATE FL 33063

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: *[Signature]* RICK NAIL 8/19/03 954-647-9184

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #