## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATI Secretary of State DIVISION OF CORPORATIONS	Ξ	FILED 09 NOV 10 PM 3: 17	
DOCUMENT # N0700006868  1. Corporation Name			SEGRETARY OF SWATE FALLAHASSEE, FLORIDA	
U.S. Green Building Council - Florida Cap	ital Region Chapter, Inc.			
2. Principal Office Address - No P.O. Box # 4147 Pamela Lane	3. Mailing Office Address P.O. Box 14303		CR2E081 (11/09)	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		Date Incorporated or Qualified     To Do Business in Florida July 12, 2007	
City & State Tallahassee, FL	Tallahassee, FL	5. FEI Numb	per <i>QQ</i> Applied For	
Zip Country 32303 Leon	Zip Country 32307-4303 Leon	6	OOO Lates  Not Applicable  TE OF STATUS DESIRED   State   Status    Te of a Certificate of Status    Te of a Certificate of Status	
7. Name and Address of Current Registered Agent			io di Garinnelle di Gillia	
Name Marc C. Dick Street Address (P.O. Box Number is Not Acceptable) 3251 Newberry Boulevard Suite, Apt. #, Etc.		circum the pr are c receiv	☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
Tallahassee State Zip Code FL 32311-3716			lee de walved.	
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 NUST SIGN				
Names and Street Addresses of Each Officer and     Name of	for Director (Florida nonprofit corporations must tist a	,		
Titles Officers and/or Directors	Officer and/or Direct		City / State / Zip	
P Christina N. Free	man 4147 Pamela Lane		Tallahassee, FL 32303	
V Doug Law	325 John Knox Road, S	uite AT102	Tallahassee, FL 32303-4131	
S Robert L. Farley	2639 N. Monroe Stree	et, Bidg. C.	Tallahassee, FL 32303	
T Marc C. Dick	3251 Newberry Boulev	vard	Tallahassee, FL 32311-3716	
		91 11/1	00162703749 2/0901001003 **131.25	
10. E-mail Address: floridacapital@usgbc.org				
(To be used for future annual report notification)  11. 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if				
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Data Daytime Phone #				
v/100				