


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**07 NOV -8 PM 2:50**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** NO8028

**1. Corporation Name**  
Palm Beach Chapter of the Construction Specifications Institute, Inc.

600112132986  
11/08/07--01061--014 \*\*\*28.75

**2. Principal Office Address - No P.O. Box #**  
23 Thurston Dr.

**3. Mailing Office Address**  
Same

Suite, Apt. #, etc.

**City & State**  
Palm Beach Gardens, FL

**Zip** 33418 **Country** USA

**REINSTATEMENT** 01-07 WOP

**4. Date Incorporated or Qualified To Do Business in Florida** 3/07/1985

**5. FEI Number** 592556482

**6. CERTIFICATE OF STATUS DESIRED** ☐ **\$8.75 Additional Fee required for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

**Name** LINDA SMITHE

**Street Address (P.O. Box Number is Not Acceptable)**  
17976 VIA RIO

**Suite, Apt. #, Etc.** JUPITER, FL

**City** JUPITER, FL **State** FL **Zip Code** 33458

☒ 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.

**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** Linda Smithe **Date** July 12, 2007

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	Thelma L. Kono	2746 S.E. Eagle Dr. Port St. Lucie, FL 34984	
VP	Dianne Ehmann	6559 Emerald Dunes Dr. Unit 108	West Palm Bch, FL 33411
Treas	David L. Styers	9664 NW 7th Cir Apt 1215	Plantation, FL 33324
Secy	Linda Smithe	17976 Via Rio	Jupiter, FL 33458

**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 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:** Linda Smithe **July 12, 2007** **564-379-7297**

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