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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JUN 29 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 94-06

CR2E081 (12/05)

DOCUMENT # N10577

1. Corporation Name: Florida Equipment Contractors Association, Inc.

2. Principal Office Address	3. Mailing Office Address
3200 North 36 Street	3200 North 36 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hollywood, Florida	City & State: Hollywood, Florida
Zip: 33021 / County: Broward	Zip: 33021 / County: Broward

4. Date Incorporated or Qualified To Do Business in Florida: 08/06/1985

5. FEI Number: 592780513 ☐ Applied For ☐ Not Applicable

6. Certificate of Status Desired ☑

7. Name and Address of Current Registered Agent

Name: Frank Villella
Street Address (P.O. Box Number is Not Acceptable): 3200 North 36 Street
Suite, Apt. #, Etc.
City: Hollywood State: FL Zip Code: 33021

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: *Frank Villella Pres* Date: 06/29/2006
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
D, P, S	Frank Villella	3200 North 36 Street	Hollywood/FL/33021

10. I certify that I am an officer or director of the corporation 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: *Frank Villella Pres* 06/29/2006 954-894-2377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

FLORIDA EQUIPMENT CONTRACTORS ASSOCIATION, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$980.00