

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM


FILED

03 AUG 18 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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08/20/03--01010--006 **463.75

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CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N18629 1. Corporation Name <i>Southeastern Council of Ironworker Employers, Inc.</i> S.E. COUNCIL OF IRONWORKER EMPLOYERS, INC.	
2. Principal Office Address 5585 DONNELLY CIRCLE	3. Mailing Office Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State ORLANDO, FL	City & State
Zip 32821	Country USA

4. Date Incorporated or Qualified To Do Business in Florida JAN 6, 1987	
5. FEI Number 59-2792290	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name MICHAEL J. EDWARDS		
Street Address (P.O. Box Number is Not Acceptable) 5585 DONNELLY CIRCLE		
Suite, Apt. #, Etc.		
City ORLANDO	State FL	Zip Code 32821

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 _____ REGISTERED AGENT MUST SIGN	Date _____

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/T/S/D	MICHAEL J. EDWARDS	5585 DONNELLY CIRCLE	ORLANDO, FL 32821
V/D	ROBERT D. EDWARDS	4921 SAN PABLO COURT	NAPLES, FL 34109
D	BILLY SHEFFIELD	465 CANAVERAL GROVES BLVD	COCOA, FL 32926

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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	MICHAEL J. EDWARDS Date <i>8/18/03</i> Daytime Phone # (407) 238-0854

CR2E081 (10/02)