PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATI			S	DEPART Secretary SION OF CO	of S			2007 NOV 21 PM	**	
DOCUMENT # N21689 1. Corporation Name								SECRETARY OF STATE TALLAHASSEE.FLORIDA			
North Florida Section of the American Association of Cost Engineers, Incorporated								300112519613 11/21/0701078005 **490.00			
2. Principal Office Address - No P.O. Box # 2450 Williams Road 2450 V					Milliams Road			REIN	STATE 1 (1/07)	03-07	
Suite, Apt. #, etc. Suite, Apt. #, 6					4. [orated or Qualified 07/24	1/87	
City & State City & State Winter Garden, FI Winter					r Garden, Fl				Applied For		
^{Zip} 34787		·			^{Zip} 34787		try	 	ERTIFICATE OF STATUS DESIRED Status for a Certificate of Status		
7. Name and Address of Current Registered Agent											
Sheerin, William								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.			
Street Address (P.O. Box Number is Not Acceptable)											
Suite, Apt. #, Etc.											
Winter Garden State FL 34787											
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 Ale C. Sharr Date 11/16/07 REGISTERED AGENT MUST SIGN TO A STATE OF THE PROPERTY OF THE PROPERT											
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	
Р	David L. Harrison				1950 Deerfoot Run Court			n Court	Deland, FI 32720		
٧	Ernest Hani				1821 Ashland Trail			1	Oviedo, Fl 32765		
T	William Sheerin				2450 Williams Road			ad	Winter Garden, FI 34787		
D	Joseph A. Brown				1695 Vega Ave.			. ==	Merrit Island, Fl 32953		
D	Glenn Butts				12952 Reaves Road			ad	Winter Garden, FI 34787		
D	John	ley		5507 S. Barco				Inverness, FI 34452			
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 filling 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: ALD C WILLIAM C. Sheetir 11/16/07 407-560.3856 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #											

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