

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 MAY 27 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name *N95000002624*
Florida Facility Managers Assn

2. Principal Office Address - No P.O. Box #

4431 SW 101ST Dr

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Gainesville FL

Zip Country

32608 US

City & State

Zip Country

REINSTATEMENT *10-11*

CR2E081 (11/10)

**4. Date Incorporated or Qualified
To Do Business in Florida**

1995

5. FEI Number

59-3588206

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Wayne R. Maloney

Street Address (P.O. Box Number is Not Acceptable)

2610 S. Hannon Hill Dr

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32309

500 208 212245

*05/27/11--01034--001 **297.50*

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**

Wayne R. Maloney

REGISTERED AGENT MUST SIGN

Date *5/23/2011*

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	Maloney Farrell	4201 N Dale Mabry	Tampa FL 33607
UB	Judy Joseph	1010 N. Macduff Pl	Tampa FL 33602
SLT	Kim Stone	6001 Biscayne Blvd	Miami FL 33130

10. E-mail Address: *cdubay @ binary.net*

(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., and 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 made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: *Michael A. Smith (President)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/11 (913) 350-6507

Date

Daytime Phone #