

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 30 AM 8:57

DOCUMENT # **N95000005480**

1. Corporation Name
South Florida Building Officials Council, Inc.

2. Principal Office Address
4101 S.W. 139 Avenue

Suite, Apt. #, etc.

3. Mailing Office Address
4101 S.W. 139 Avenue

Suite, Apt. #, etc.

City & State
Miramar, Florida

Zip Country
333027 U.S.A.

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Miramar Florida

Zip Country
333027 U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
65-064 0220

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
Michael F. O'Connor

Street Address (P.O. Box Number is Not Acceptable)
10710 S.W. 211 Street

Suite, Apt. #, Etc.

City
Miami

State Zip Code
FL 33189

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 **[Signature]** Date _____
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	James Rodgers	4101 S.W. 139 Ave.	Miramar, Fl. 33027
D	Michael F. O'Connor	10710 S.W. 211 St.	Miami, Fl. 33189
D	Leo Spitale, Jr.	3191 Coral Way, Suite 619	Miami, Fl. 33145

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)(l), 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: **[Signature]** Date **5/26/00** Daytime Phone # **305 234-3983**

CP2E081 (9/99)