

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

00 MAY 11 AM 11:59

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT #** N98000000859

**1. Corporation Name**

AMERICAN SOCIETY OF PROFESSIONAL ESTIMATORS GOLD COAST  
CHAPTER #49, INC.

**2. Principal Office Address**

450 ROYAL PALM WAY

Suite, Apt. #, etc.

SUITE 401

City & State

PALM BEACH, FLORIDA

Zip

33480

Country

USA

**3. Mailing Office Address**

450 ROYAL PALM WAY

Suite, Apt. #, etc.

SUITE 401

City & State

PALM BEACH, FLORIDA

Zip

33480

Country

USA

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

02/12/1998

**5. FEI Number**

65-0816660

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

SPEER, W. MORGAN

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

450 ROYAL PALM WAY

Suite, Apt. #, Etc.

SUITE 401

City

PALM BEACH

800003287798-9

06/14/00

01007-000

\*\*\*297.50

\*\*\*297.50

**REINSTATEMENT 99-0 TS**

State

FL

Zip Code

33480

**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

*W. Morgan Speer*

Date

3/7/00

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
P/D	JOSE MORENO	16400 COLLINS AVENUE	MIAMI BEACH, FL 33160
1V/D	MIKE BRIDIS	6400 N. ANDREWS AVENUE	FT. LAUDERDALE, FL 33309
2V/D	ANN MC NEIL	6600 NW 27th AVE. SUITE 202	MIAMI, FL 33147
3V/D	MIKE KELLUM	7522 WILES ROAD, SUITE 205	CORAL SPRINGS, FL 33067
S/D	SUZANNE UPHAM	6555 NW 9th AVE. SUITE 203	FT. LAUDERDALE, FL 33309
T/D	GARY KAPLAN	7320 GRIFFIN ROAD, SUITE 222	DAVIE, FL 33314

**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:**

*Jan M. M...*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-14-2000 (305) 986 9639

Daytime Phone #

C-25E081 (9/99)