PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State REINSTATEMENT 2005 HH 18 AH 11:51 DIVISION OF CORPORATIONS SECRETARY OF STATE DOCUMENT # N 98 00000 859 TALLAHASSEE, FLORIDA American Society of Professional Estimators Gold Coast Chapter # 49. Inc. 2. Principal Office Address 3. Mailing Office Address C/O 7700 Congress Ave C/O 7700 Congress Ave Suite, Apt. #, etc. Suite, Apt. #, etc. 3105 3105 Date Incorporated or Qualified To Do Business in Florida 02/12/1998 City & State City & State 5. FEI Number Boca Raton, FL Boca Raton, FL 65-0816660 Zip Zip Country Country \$8.75 Additional Fee required for a Certificate of Status 33487 US CERTIFICATE OF STATUS DESIRED 33487 US 7. Name and Address of Current Registered Agent Richard R. Shavell Street Address (P.O. Box Number is Not Acceptable) 7700 Congress Ave Suite, Apt. #, Etc. 3105 State Zip Code Boca Raton 33487 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

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director Titles City / State / Zip Pres Don Rolfe Boca Raton, FL 33487 c/o 7700 Congress Ave, Suite 3105 1st VP Andy Mirowitz c/o 7700 Congress Ave., Suite 3105 Boca Raton, FL 33487 2nd VP Mike Kellum c/o 7700 Congress Ave., Suite 3105 Boca Raton, FL 33487 3rd VP Mike Bridis c/o 7700 Congress Ave., Suite 3105 Boca Raton, FL 33487 Treas Richard R. Shavell c/o 7700 Congress Ave., Suite 3105 Boca Raton, FL 33487 c/o 7700 Congress Ave., Suite 3105 Boca Raton, FL 33487 Secy Suzanne Breistol

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:

TREASULEL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PRECTO

Applied For

Not Applicable