

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 NOV -9 AM 9:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000067313

**1. Corporation Name**

Florida Contractors' Safety Association, Inc.

1800 Second Street

1800 Second Street

**2. Principal Office Address**

1800 Second Street

**3. Mailing Office Address**

1800 Second Street

Suite, Apt. #, etc.

Suite 909

Suite, Apt. #, etc.

Suite 909

City & State

Sarasota, Florida

City & State

Sarasota, Florida

Zip

34236

Country

USA

Zip

34236

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida 6/16/03**

**5. FEI Number**  
62-1503952

Applied For  
Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐ \$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 04

**7. Name and Address of Current Registered Agent**

Name

Randolph Wolfe, Esq.

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

Foley & Lardner, 100 N. Tampa Street

Suite, Apt. #, Etc.

Suite 2700

City

Tampa

State

FL

Zip Code

33602

**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

*Randolph J. Wolfe*

Date 10/22/04

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/C	G. Wayne Harris	1800 Second Street, Suite 909	Sarasota, FL, 34236
D/V/S	Jon Harkavy	1501 Wilson Blvd., Suite 1110	Arlington, VA, 22209
D/P	Michael T. Rogers	1800 Second Street, Suite 909	Sarasota, FL, 34236
D/V	F. I. Hughes	1093 Clubhouse Blvd.	New Smyrna Beach, FL, 32168
T.	Daniel George	2608 89th Street, NW	Bradenton, FL, 34209
AS	Heather Ross	1500 Wilson Blvd., Suite 1110	Arlington, VA, 22209

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)