FILED

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 FEB 12 AM 10: 23

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P93000087010

1. Corporation Name

Building Systems Evaluation, Inc.

REINSTATEMENT 03-04

600028640356
02/12/04--01023--022 **$908.75

2. Principal Office Address	**3.** Mailing Office Address	
3056 Palm Avenue	PO Box 2508	
Suite, Apt #, etc. Suite 1	**Suite, Apt. #, etc.**	
City & State Fort Myers	**City & State** Fort Myers	
Zip 33901-7459	**Country** USA	**Zip** 33902-2508	**Country** USA

4. Date Incorporated or Qualified To Do Business in Florida 12/15/93

5. FEI Number 650456861 | 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
Randolph Wiggins, Jr.

Street Address (P.O. Box Number is Not Acceptable)
3056 Palm Avenue

Suite, Apt. #, Etc.
Suite 1

City Fort Myers	State FL	Zip Code 33901-7459

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 _____ REGISTERED AGENT MUST SIGN

Date 2-6-04

CR2E081 (01/04)

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
DP	Randolph Wiggins, Jr.	3056 Palm Ave., Suite 1	Fort Myers, FL 33901-7459
DST	Terri B. Newman	3056 Palm Ave., Suite 1	Fort Myers, FL 33901-7459

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

2/6/04
Date

239-334-4217
Daytime Phone #