PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION · FOR ( Sandra B. Mortham FILED Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS P96000016790 98 MAR 17 PM 3:41 **DOCUMENT #** 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA CONSTRUCTION INTELLEGENCE CORPORATION Principal Place of Business Mailing Address 1625 N.W. 107TH STREET 1525 N.W. 167TH STREET SUITE 165 SUITE 165 MIAMI BEACH FL 33169 MIAMI BEACH FL 33189 If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address. II Applicable 3. New Mailing Office Address, If Applicable Date incorporated or Qualified To Do Business in Florida 02/22/1996 70/ Suite, Apt. #. etc. 5. FEI Number Applied For 65 065 3114 Not Applicable \$8.75 Additional Fee required 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at feast 3 directors) Name of Officers Street Address of Each Officer and/or Director
(Do NOT Use Post Office Box Numbers) City / State / Zlp Title(s) WIE BRANCHINA USE WWW. 467TH STREET WEISS, JENNIE BRONSTIN, LAURA --01103---ona 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent SLEWETT, ROBERT D 767 ARTHUR GODFREY ROAD MIAMI BEACH FL 33140 City 10. I, being appointed the registered agant of the above named corporation, am Jamillar with and obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for information on intangible tax.) Yes 🔀 Intangible Personal Property tax due June 30. 12.1 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 e07.0461, 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(3N), 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 gath. SIGNATURE:

time Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR