

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 OCT 31 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S92056**

1. Corporation Name

Southeast Builders Conference, Inc

2. Principal Office Address

201 East Park Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 1259

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32302

Country

USA

City & State

Tallahassee, FL

Zip

32301

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-0708647

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **REINSTATEMENT**

7. Name and Address of Current Registered Agent

Name

Paul Thompson

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

201 East Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Paul M. Thompson

REGISTERED AGENT MUST SIGN

Date **10-16-2000**

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	Barry Rutenberg	5525 NW 48 Place	Gainesville, FL 32606
VP	Ron Coppenbarger	7700 Square Lake Blvd.	Jacksonville, FL 32256
T	Barbara Revels	PO Box 434	Flagler Beach, FL 32122
Sec	Bill Slavich	5660 Strand Court	Naples, FL 34110
D	Chris Covey	11497 Columbia Park Dr. W.	Jacksonville, FL 32256
D	Edwin Henry	4229 Highway 90 E.	Pace, FL 32571
D	Rob Wilson	PO Box 14056	Tallahassee, FL 32317
D	Paul Thompson	201 E. Park Ave.	Tallahassee, FL 32301
D	Bob Bluestone	3195 Sunrise Blvd.	St. Pierre, FL 34982

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:

Paul M. Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/2000

Daytime Phone #

850-224-4316