PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 23 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J13924

1 Corporation Name
NATIONAL EMPLOYER SAFETY COALITION, INC.

Principal Place of Business
1800 SECOND STREET
SUITE 909
SARASOTA, FL 34236

Mailing Address
(SAME)

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 9/0 12/23/96

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida
10/23/92

5. FEI Number
65-0383311
☐ Applied For
☐ Not Applicable

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	G. WAYNE HARRIS	1800 SECOND ST., STE. 909	SARASOTA, FL 34236
V.P.	F.L. HUGHES	2605 MAITLAND CENTER PKWY.	MAITLAND, FL 32754
V.P. & TREAS.	MICAHEL T. ROGERS	45 STATE STREET #595	MONTPELIER, VT. 05601
V.P. & GEN'L.	JON HARKAVY	1501 WILSON BLVD. SUITE 1110	ARLINGTON, VA 22209
Sec.	KELLY BYERS	1800 SECOND STREET SUITE 909	SARASOTA, FL 34236

8. Name and Address of Current Registered Agent

G. WAYNE HARRIS
1800 SECOND STREET, STE. 909
SARASOTA, FL 34236

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City State FL Zip Code

CR2E040 (12/95)

500002038425--6
-12/26/96--01035--022
****375.00 ****375.00

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent G. Wayne Harris Date

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☑ No ☐ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: G. Wayne Harris 12/18/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #