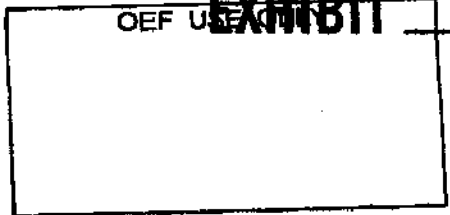


EXHIBIT 3

Return completed form as needed to:
Office of Educational Facilities
325 West Gaines Street, Room 1054
Tallahassee, Florida 32399-0400
(850) 487-1130, SUNCON 277-1130
Fax (850) 488-1677 or (850) 488-1442

FLORIDA DEPARTMENT OF EDUCATION
Office of Educational Facilities and
SMART Schools Clearinghouse
CERTIFICATE OF OCCUPANCY



INSTRUCTIONS: Submit one copy of the completed form for each project over \$200,000.
Reproduce this form in sufficient quantity for your use.

RE: GATE SCHOOL II
PARKLAND FL
BUILDINGS No. 1 and 2 (ONLY)

- School District Community College)
- School Name Campus)
- Description of Project
- OEFIS Number (if applicable)

In accordance with Section 235.26(5)(c), Florida Statutes, and upon recommendation of the project architect/engineer and the certified inspector, as stated below, the subject project is ready for occupancy.

Signature: [Signature]
 Superintendent President Designee

Date: 11 Dec 02

Intended Occupancy Date: _____

PROJECT ARCHITECT/ENGINEER AND CERTIFIED INSPECTOR

I have inspected the subject project and, to the best of my knowledge and ability, I have determined that the safety systems* are working satisfactorily; the facility is in compliance with statutes, rules and codes affecting the health and safety of its occupants; and that no asbestos-containing materials were specified for use in this building, nor to the best of my knowledge were asbestos containing materials used in the construction of this project.

Architect or Engineer of Record:

Name (Type or Print): Joseph E. Valencia License #: AR-0015289 Expiration Date: Feb 28 2003

Signature: [Signature]
 Architect Engineer

Certified Inspector:

Name (Type or Print): Harry F. Kimmel License #: BN 0003797 Expiration Date: 11-30-03

Signature: Harry F. Kimmel

Contractor: BETANCOURT CASTELLON ASSOCIATES, INC.

Name (Type or Print): MICHAEL A. BETANCOURT License #: CRC 048915 Expiration Date: 8-31-2004

Threshold Inspector (if applicable):

Name (Type or Print): _____ License #: _____ Expiration Date: _____

Building Official (if applicable):

Name (Type or Print): [Signature] License #: BU 0000188 Expiration Date: 11-30-03

Signature:

Safety systems include, but are not limited to: exiting, safety, rescue, fire rating, fire protection, means of egress, master valves, eye wash and dousing shower in science labs; emergency disconnects in shops; fume and dust collection systems; heat and smoke detectors; working shower protection including curtain operation, smoke vent, sprinklers, etc.; kitchen hood; fire sprinklers; smoke venting; illumination of means of egress; emergency lighting; emergency power; exit lights; fire alarm systems with required incidental functions; fire extinguishers; fuel fired heaters; electrical illumination; electrical system required ventilation; toilet facilities; kitchen hot water supply; water supply; and sewage disposal as they apply to this project.

Revised February 2002

Return Completed form as needed to:
Educational Facilities
Florida Department of Education
326 West Gaines Street, Room 1054
Tallahassee, Florida 32399-0400
(904) 487-1130, SunCom 277-1130

FLORIDA DEPARTMENT OF EDUCATION
EDUCATIONAL FACILITIES

OEF USE ONLY

CERTIFICATE OF OCCUPANCY

INSTRUCTIONS: Submit one copy of the completed form for each project over \$200,000. Reproduce this form in sufficient quantity for your use. (Section 4.1, SREF, 1997)

RE: SCHOOL BOARD OF BROWARD CO. (School District Community College)
WEST GLADES MIDDLE SCHOOL (School Name Campus)
NEW MIDDLE SCHOOL (PORTION OF BUILDING #2, SEE BUDGETARIAL R.M. USE)
Description of Project

In accordance with Section 235.26(5)(c), Florida Statutes, and upon recommendation of the project architect/engineer and the Uniform Building Code Inspector (UBCI), as stated below, the subject project is ready for occupancy.

Signature: [Signature] Date: _____, 19____
 Superintendent President Designee

Intended Occupancy Date: JANUARY 6, 2003

PROJECT ARCHITECT/ENGINEER AND UBCI CERTIFICATION

I have inspected the subject project and, to the best of my knowledge and ability, I have determined that the safety systems* are working satisfactorily; the facility is in compliance with statutes, rules and codes affecting the health and safety of its occupants; and that no asbestos containing materials were specified for use in this building, nor were asbestos containing materials used in the construction of this project.

Architect or Engineer of Record:

Signature: Joseph E. Valencia License # AR-0015389 Expiration Date Feb 28, 2003
 Architect Engineer

Uniform Building Code Inspector:

Signature: HARRY KIMMEL License # IBN 000 3747 Expiration Date 11-30-03

Contractor:

Signature: MICHAEL A. BETAUCOURT License # CB 010617 Expiration Date _____

Threshold Inspector (if applicable):

Signature: RODOLFO GONZALEZ License # PE 45226 Expiration Date FEB. 2003

* Safety systems include, but are not limited to: exiting, safety, rescue, fire rating, fire protection, means of egress, master valves, eye wash and dousing shower in science labs; emergency disconnects in shops; fume and dust collection systems; heat and smoke detectors, working stage protection including curtain operation, smoke vent, sprinklers, etc.; kitchen hood; fire sprinklers; smoke venting; illumination of means of egress; emergency lighting; emergency power; exit lights; fire alarm systems with required incidental functions; fire extinguishers; fuel fired heaters; electrical illumination; electrical system required ventilation; toilet facilities; open hot water supply; water supply; and sewage disposal as they apply to this project.

