

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

16 SEP 20 PM 1:39

SECRETARY OF STATE
HALL AMARAL, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F02000003911

1. Corporation Name

Foley Design Associates Architects, Inc.

2. Principal Office Address - No P.O. Box #

1513 CLEVELAND AVENUE, #100-102

Suite, Apt. #, etc.

City & State

East Point, GA

Zip

30344

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida

07/31/2002

5. FEI Number

Applied For

NOT APPLICABLE

6. CERTIFICATE OF STATUS DESIRED

\$875 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

C T CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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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

Connie Bryan

Connie Bryan

Date

9/20/2016

REGISTERED AGENT MUST SIGN

Electronic Signature

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.	WILLIAM H. FOLEY	1513 CLEVELAND AVENUE, #100-102	EAST POINT, GA 30344
VP	RONALD C. THOMPSON	1513 CLEVELAND AVENUE, #100-102	EAST POINT, GA 30344
S	ALLEN COLLINS	1513 CLEVELAND AVENUE, #100-102	EAST POINT, GA 30344
VP	WILLIAM D. JENKINS	1513 CLEVELAND AVENUE, #100-102	EAST POINT, GA 30344
			S. HAWKES
			SEP 20 A.M.

REINSTATEMENT

2010-2016

EXAMINER

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 617.155, F.S.

SIGNATURE:

William H. Foley

WILLIAM H. FOLEY

9/16/2016

4047611299 x 22

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

EXAMINER'S PHONE #