# 2007 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Oct 22, 2007**
**Secretary of State**

DOCUMENT# F94000005268

**Entity Name:** CLINE DESIGN ASSOCIATES, PA

**Current Principal Place of Business:**

125 N. HARRINGTON STREET
RALEIGH, NC 27603 US

**New Principal Place of Business:**

**Current Mailing Address:**

125 N. HARRINGTON STREET
RALEIGH, NC 27603 US

**New Mailing Address:**

**FEI Number: 56-1664790** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MARIE EDWARDS

Electronic Signature of Registered Agent Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: CLINE, GARY D
Address: 104 VISTA GREEN CT
City-St-Zip: CARY, NC 27513

Title: VD ( ) Delete
Name: FELTON, J E
Address: 612 SWIFT AVE
City-St-Zip: DURHAM, NC 27701

Title: VD ( ) Delete
Name: LATTNER, MICHAEL W
Address: 113 TULLIALLAN LN
City-St-Zip: CARY, NC 27511

Title: SD ( ) Delete
Name: BRADFORD, DAVID B
Address: 2404 GRAYSON CREEK DR.
City-St-Zip: WAKE FOREST, NC 27587 US

Title: D ( ) Delete
Name: WRIGHT, JAMES C
Address: 6111 PEACHTREE-DUNWOODY RD. BLDG. E, #102
City-St-Zip: ATLANTA, GA 30328

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY D. CLINE PD 10/22/2007

Electronic Signature of Signing Officer or Director Date