


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 APR 18 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-02

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000021976			
1. Corporation Name G. MIDGLEY JONES, JR., ARCHITECT, INC.			
2. Principal Office Address 4441 NE 23 AVE		3. Mailing Office Address 4441 NE 23 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LIGHTHOUSE POINT FL		City & State LIGHTHOUSE POINT FL	
Zip 33064	Country USA	Zip 33064	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 3/15/99	
5. FEI Number 65-0904401	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name G. MIDGLEY JONES, JR.	200005449692--0
Street Address (P.O. Box Number is Not Acceptable) 4441 NE 23 AVE	-05/03/02--01049--010 ****900.00 ****900.00
Suite, Apt. #, Etc.	
City LIGHTHOUSE POINT	State FL Zip Code 33064

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 _____ Date _____

REGISTERED AGENT MUST SIGN

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
D	JONES, G. MIDGLEY, JR.	4441 NE 23 AVE	LIGHTHOUSE POINT FL 33064

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: G. Midgley Jones Jr President 04/15/02 954 688 5840

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

CR2E081 (9/01)

25 4/16/02