

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

09 NOV -6 PM 2:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000021976

1. Corporation Name

G. MIDGLEY JONES, JR., ARCHITECT, INC

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

1840 N. Dixie Highway

Suite, Apt. #, etc.

City & State

Boca Raton, Florida 33432

Zip

Country

3. Mailing Office Address

1840 N. Dixie Highway

Suite, Apt. #, etc.

City & State

Boca Raton, Florida 33432

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida 03/05/1999

5. FEI Number 650904401

Applied For  
Not Applicable

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

400162570954  
11/06/09--01038--012 \*\*1050.00  
REINSTATEMENT CR2E081 (12/08) 03-09

7. Name and Address of Current Registered Agent

Name

Gibson Midgley Jones Jr.

Street Address (P.O. Box Number is Not Acceptable)  
4441 NE 23rd Avenue

Suite, Apt. #, Etc.

City  
Lighthouse Point

State Zip Code  
FL 33064

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

11/3/09

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/D	Gibson Midgley Jones Jr.	4441 NE 23rd Avenue	Lighthouse Point, Florida 33064
V/D	Linda Allard	56 Lake Eden Drive	Boynton Beach, Florida 33435

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. Midgley Jones Jr.

Date

11/3/09

Daytime Phone #

954.648.5840

11/9a