PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE (N)

97 OCT 30 PM 1:30

SECRETARY OF STATE TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT



ORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOČUMENT #

617970

1. Corporation Name

ADACHE ASSOCIATES ARCHITECTS, P.A.

550 SOUT SUITE 200	Place of Busine FH FEDERAL HI O UDERDLE FL 33	550 SOUTH SUITE 200	Melling Address 550 SOUTH FEDERAL HIGHWAY SUITE 200 FORT LAUDERDLE FL 33301								
				ling Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 04/19/1979				
City & State				Suite, Apt. #, etc. City & State			5. FEI Number 59-1918021 Applied For Not Applied be			Applied For	
Zip Country		Zip		Country		6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status					
7. Name	s and Street Ad	dresses of Each Office	r and/or Director (FI	orida nonpro	fit corporat	ions must list at lea	st 3 directors)				
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N			City / State / Zip				
PSD	ADACHE,	ADACHE, DANIEL E.			550 S. FEDERAL HWY			FT. LAUDERDALE FL			
7	FLETCHER, GEORGE E.			550 S. FEDERAL HWY			FT. LAUDERDALE FL				
				****750.00 ****750.00						750.00	
			<u> </u>				NSTATEMENT 1997-				
									10/3	0/97	
6. Name and Address of Current Registered Agent							Name and Address of New Registered Agent				
ADACHE, DANIEL E 550 S FEDERAL HIGHWAY						Name Street Address (P.O. Box Number is Not Acceptable)					
FT. LAUDERDALE FL 33301					Suite, Apt. #, Etc.						
10 I beir	ng appointed th	e regisjered/agent of th	e shove named corr	natation and	familiar wit	City	nee to enoite oil	Stati FL		de 	
Signature Registere	of		ECOL REGISTERED A	ach	ન			Date	91		
		ration owes o Personal Pro	r has paid th	ne curre	ent yea	Yes 🗹	No 🗌	(See other si on inte	ide for info angible tax		
this re owed	instatement ap by the corporat	plication, the reason for	dissolution has been the names of Indivi	n eliminated, duals listed c	the corpor on this form	ate name satisfies do not qualify for	the requirements an exemption un	apter 607 or 617, F.S. I furthe s of section 607.0401 or 617.0 der section 119.07(3)(i), F.S.	0401, F.S.,	that all fees	

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVIEL & A MEHO, PRES,

Daytime Phone #