

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 832111

**FILED**  
**Mar 27, 2014**  
**Secretary of State**

**Entity Name:** GIATTINA AYCOCK ARCHITECTURE STUDIO INC.

**Current Principal Place of Business:**

1827 1ST AVE N  
SUITE 100  
BIRMINGHAM, AL 35203 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 55488  
BIRMINGHAM, AL 35255488 US

**New Mailing Address:**

**FEI Number:** 63-0513327

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
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:** JOHN M. WILSON, CPA

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** GIATTINA, JOSEPH P JR  
**Address:** 1827 1ST AVE N, SUITE 100  
**City-St-Zip:** BIRMINGHAM, AL 35203

**Title:** PD  
**Name:** GIATTINA, CHRISTOPHER A  
**Address:** 1827 1ST AVE N, SUITE 100  
**City-St-Zip:** BIRMINGHAM, AL 35203

**Title:** V  
**Name:** AYCOCK, JAMES A JR  
**Address:** 1827 1ST AVE N, SUITE 100  
**City-St-Zip:** BIRMINGHAM, AL 35203

**Title:** V  
**Name:** YEAGER, FREDERICK L  
**Address:** 1827 1ST AVE N, SUITE 100  
**City-St-Zip:** BIRMINGHAM, AL 35203

**Title:** V  
**Name:** COLE, TY R  
**Address:** 1827 1ST AVE N, SUITE 100  
**City-St-Zip:** BIRMINGHAM, AL 35203

**Title:** CFOD  
**Name:** GIATTINA, BRIAN G  
**Address:** 1827 1ST AVE N, SUITE 100  
**City-St-Zip:** BIRMINGHAM, AL 35203

I hereby 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 all other like empowered.

**SIGNATURE:** JOHN M. WILSON, CPA

Electronic Signature of Signing Officer or Director

AGEN

03/27/2014

Date