

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

1996 NOV 12 AM 10 54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 834309**

1. Corporation Name

**PH&J ARCHITECTS, INC.**

Principal Place of Business

Mailing Address

C/O C T CORPORATION SYSTEM  
8751 W. BROWARD BLVD.  
PLANTATION FL 33324

C/O C T CORPORATION SYSTEM  
8751 W. BROWARD BLVD.  
PLANTATION FL 33324

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/08/1975

5. FEI Number

63-0568195

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	JONES, REMS O JR	807 SOUTH MCDONOUGH ST.	MONTGOMERY AL
VSD	HUMPHRIES, CHARLES E	807 SOUTH MCDONOUGH ST.	MONTGOMERY AL
VDI	HARRIS, E GRIFFIN III	807 SOUTH MCDONOUGH ST	MONTGOMERY AL
VD	POND, JAMES ROLAND	807 SOUTH ROLAND	MONTGOMERY AL
			800002008768--2 -11/19/96--01159--025 *****375.00 *****375.00

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Dale Morris* **REQUIRED**

REGISTERED AGENT MUST SIGN

Date

11/6/96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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:

*E. Griffin Harris* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-30-96

(334) 265-8781

Date

Daytime Phone #