PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
97 NOV -4 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **852630**

1. Corporation Name
DIEDRICH ARCHITECTS & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
3399 PEACHTREE RD., STE 820 ATLANTA GA 30326	3399 PEACHTREE RD., STE 820 ATLANTA GA 30326

700002338597---6
-11/05/97--01111--009
****750.00 ****550.00

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
3060 Peachtree Rd. N.W.	3060 Peachtree Rd., N.W.
Suite, Apt. #, etc.: Suite 600	Suite, Apt. #, etc.: Suite 600
City & State: Atlanta GA	City & State: Atlanta GA
Zip: 30305 Country: USA	Zip: 30305 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 04/20/1982

5. FEI Number: 58-1417406 ☐ Applied For ☐ Not Applicable

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

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip
~~PD~~ Exec VP	DIEDRICH, RICHARD J.	8 BROOKHAVEN DR.	ATLANTA GA 700002338597---6 -11/05/97--01111--010 ****208.75 ****208.75
~~ST~~ VP	WILLIAMS, THOMAS	6326 SADDLEWOOD DR	LITHONIA GA
VP	HESTER, JOHN T.	3400 TIMBERCREEK DRIVE	LAWRENCEVILLE GA
VP	DOUGLAS, A. RAY, JR.	11965 N HICKORY TRACE	ALPHARETTA GA
Pres/ Treas	G. Niles Bolton	3060 Peachtree Rd N.W. Suite 600	Atlanta, GA 30305
Exec VP	Ray Kimsey	3060 Peachtree Rd. N.W. Suite 600	Atlanta, GA 30305

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: 700002338597---6
-11/05/97--01111--009
****750.00 ****550.00

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

City: State: FL Zip Code:

REINSTATEMENT SL 11-5-97

CR2E040 (8/97)

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: JENNIFER F AULTMAN ASSISTANT SECRETARY Date: 10-30-97
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: _____ 10/31/97 404.364.9633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #