Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

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CORPORATION REINSTATEMENT

SCHWARTZ/SILVER ARCHITECTS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$300.00

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2017 FEB -2 PM 12:38

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F03000005832

1. Corporation Name

SCHWARTZ/SILVER ARCHITECTS, INC.

FEB - 2 2017

L BERGER

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
75 KNEELAND STREET	75 KNEELAND STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOSTON, MA	City & State: BOSTON, MA
Zip: 02111 Country: USA	Zip: 02111 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 11/18/2003

5. FEI Number: 04-2965181 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $0.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: NRAI SERVICES, INC

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, etc.

City: Plantation State: FL Zip Code: 33324

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: NRAI SERVICES, INC By: Kim Wasilewski Date: 2/2/17

REGISTERED AGENT MUST SIGN — Kim Wasilewski, Assistant Secretary

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
PD	SILVER, ROBERT HFAIA	75 KNEELAND STREET	BOSTON, MA 02111
D	SCHWARTZ, WARREN RFAIA	75 KNEELAND STREET	BOSTON, MA 02111
ST	ZODA, PATRICIA G	75 KNEELAND STREET	BOSTON, MA 02111
	REINSTATEMENT		
	2016-2017		

10. E-mail Address: _____
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ 1/19/17 (617) 542-6650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #