

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 APR -5 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F96000005162**

1. Corporation Name

The Vogt Group Architects, A Professional Corp.

2. Principal Office Address
1618 St. Charles Avenue

3. Mailing Office Address
1618 St. Charles Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
New Orleans, LA 70130

City & State
New Orleans, LA

Zip Country
70130 USA

Zip Country
70130 USA

REINSTATEMENT 0-01

4. Date Incorporated or Qualified To Do Business in Florida
10/07/96 **SP**

5. FEI Number
72-0989299 Applied For Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Christopher A. Kent
Street Address (P.O. Box Number is Not Acceptable): 10 W Shallows Drive
Suite, Apt. #, Etc.:
City: Santa Rosa Beach State: FL Zip Code: 32459

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: *[Signature]* Date: 3/28/01
REGISTERED AGENT MUST SIGN

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
Pres.	Lloyd J. Vogt	1221 Jefferson Avenue	New Orleans, LA 70115

10. 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: *[Signature]* April 2, 2001 504.528-9611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/00)