

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

Suite, Apt. #, etc.

City & State

New Orleans, LA 70130

Zip

70130

Country

USA

3. Mailing Office Address

1618 St. Charles Avenue

Suite, Apt. #, etc.

City & State

New Orleans, LA

Zip

70130

Country

USA

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

REGISTERED AGENT MUST SIGN

Date

3/28/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

April 2, 2001 504.528-9611

Daytime Phone #

CR2E081 (9/00)