

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

98 DEC -1 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000003792

1. Corporation Name

LITTLE & ASSOCIATES ARCHITECTS, INC.

Principal Place of Business

5815 WESTPARK DR.
CHARLOTTE NC 28217

Mailing Address

5815 WESTPARK DR.
CHARLOTTE NC 28217

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

4. Date Incorporated or Qualified
To Do Business in Florida

07/21/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

56-0884622

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

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
DC	LITTLE, WILLIAM B	5815 WESTPARK DR.	CHARLOTTE NC 28217
DCEO	MCMAHON, W E	5815 WESTPARK DR.	CHARLOTTE NC 28217
PD	KUTTNER, PHILLIP A	5815 WESTPARK DR.	CHARLOTTE NC 28217
PD	WILLIAMS, HARRY V	5815 WESTPARK DR.	CHARLOTTE NC 28217
S	MCGARRY, JAMES L	5815 WESTPARK DR.	CHARLOTTE NC 28217

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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

3000002702153-2

-12/03/98-01088-002

FL ***750.00 ***750.00

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 FAULTMAN
REGISTERED AGENT MULTIPLE ASSISTANT SECRETARY

Date 11-30-98

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:

JAMES L. MCGARRY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/23/98 704 525 6350
Date Daytime Phone #