PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # F97000039732

1. Corporation Name: Southern Architects, P.C.

REINSTATEMENT 01

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 42 Inverness Center Parkway | |
| Suite, Apt. #, etc.: Bin B238 | Suite, Apt. #, etc. |
| City & State: B'ham, Alabama | City & State |
| Zip: 35242 Country: USA | Zip Country |

4. Date Incorporated or Qualified To Do Business in Florida: June 23, 1997

5. FEI Number: 62-1624470 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Carey Hickman
Street Address (P.O. Box Number is Not Acceptable): 707 N. Alafaya Trail # 406
Suite, Apt. #, Etc.:
City: Orlando State: FL Zip Code: 32828

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Carey Hickman Carey Hickman Date: 11/27/01
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 | Emmett D. Smith | 42 Inverness Center Parkway B'ham, AL. 35242 | B'ham, AL. 35242 |
| V.P. | Robert F. Taylor | 333 Piedmont Ave. # 1010 | Atlanta, GA. 30308 |
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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: Emmett D. Smith 11/21/01 (205) 992-6805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E047 (8/99)