

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

11 JUN -3 AM 9:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDACORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F97000004726

1. Corporation Name

CHARLES D FOSTER ARCHITECT P.A.

2. Principal Office Address - No P.O. Box #

4500 BURROW DR

Suite, Apt. #, etc.

3. Mailing Office Address

4500 BURROW DR

Suite, Apt. #, etc.

City &amp; State

NORTH LITTLE ROCK, AR

Zip

72116

Country

USA

City &amp; State

NORTH LITTLE ROCK, AR

Zip

72116

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

09/10/1997

5. FEI Number

62-1668995

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

CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

700205464497  
06/03/11--01003--002 \*\*150.00700205464497  
04/28/11--01045--026 \*\*2258.75

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*Katherine Lackey*

Katherine Lackey, Asst. Sec.

Date 5/25/2011

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
CP	CHARLES D FOSTER	4 LAKEWOOD PARK	N LITTLE ROCK AR 72116
CV	GEORGE GRAY	497 SILVERWOOD TRAIL	N LITTLE ROCK AR 72116
DS	JERRY CURRENCE	1722 N SPRUCE	LITTLE ROCK AR 72202

10. E-mail Address: JAY@TAGGARCH.COM

(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:

*George Gray* GEORGE GRAY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-11

Date

501-753-7443

Daytime Phone #

6/6/11