

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

FILED

14 MAY 21 PM 6:13

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**
2010-2014

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000005656

1. Corporation Name

Jefferson Group Architects, Inc.

2. Principal Office Address - No P.O. Box # 700 School Street Suite, Apt #, etc. Unit 2 City & State Pawtucket, RI Zip 02860		3. Mailing Office Address 700 School Street Suite, Apt #, etc. Unit 2 City & State Pawtucket, RI Zip 02860	
Country USA		Country USA	

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
October 27, 1997

5. FEI Number
061472012

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

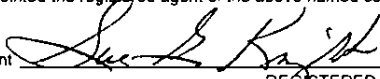
7. Name and Address of Current Registered Agent

Name
Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
Suite, Apt #, Etc.
City
Tallahassee
State
FL
Zip Code
32301

500260452325

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



Sue G. Knight

Assistant Vice President

5-20-14

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

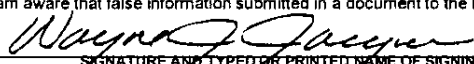
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/V	Wayne John Jacques, AIA	43 Fieldstone Circle	Middleboro, MA 02346

10. E-mail Address: wjacques@jbd.cc

(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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/13/14

Date

401-365-1177

Daytime Phone #

K. ASHTON



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 141792 7770307

AUTHORIZATION :

COST LIMIT : \$ 1350.00

ORDER DATE : May 20, 2014

ORDER TIME : 4:39 PM

ORDER NO. : 141792-005

CUSTOMER NO: 7770307

REINSTATEMENT

NAME: JEFFERSON GROUP ARCHITECTS,
INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS _____

2014 MAY 21 4 10 50
TO ARCHITECTS
SUFFICIENTLY FILING

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