

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP -1 PM 2:10

DOCUMENT # F98000004476

1. Corporation Name Rockwell Architecture, Planning + Design, P.C.

2. Principal Office Address <u>5 Union Square West - 8th Floor</u>		3. Mailing Office Address <u>5 Union Square West, 8th Floor</u>	
Suite, Apt. #, etc. <u>Attn: Contracts Manager</u>		Suite, Apt. #, etc. <u>Attn: Contracts Manager</u>	
City & State <u>New York, NY</u>		City & State <u>New York, NY</u>	
Zip <u>10003</u>	Country <u>USA</u>	Zip <u>10003</u>	Country <u>USA</u>

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida <u>08/06/98</u>	
5. FEI Number <u>13-3217306</u>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 St.

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
92301

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 Deborah D. Skipper Deborah D. Skipper Date 9/1/06
REGISTERED AGENT MUSA ASSN. V. Pres.

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
<u>P/s/t/c</u>	<u>David S. Rockwell</u>	<u>5 Union Square West, 8th Floor</u>	<u>New York, NY 10003</u>

600079714966
09/12/05--01023--018 **750.00

REINSTATEMENT 02 06

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 contained in Chapter 119, 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] 8/31/06 (212) 463 0334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Rockwell Architecture
Planning and Design, P.C.
5 Union Square West
New York, New York 10003
tel 212-463-0334
fax 212-463-0335

rockwellgroup

August 31, 2006


Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Re: Rockwell Architecture, Planning and Design P.C.
Document No. F98000004476**

To Whom It May Concern:

Please accept this letter as our official notice stating non-receipt of annual report notices in the year of 2002. Enclosed, please find a check made out to the Department of State for \$750 to cover annual report and corporate supplemental fees for each year from the year of dissolution.

Sincerely yours,



Chris Nelson
Contracts Manager

CN:jl

Encl.

cc: Maya Castellon