

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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~~APPLICATION FOR REINSTATEMENT~~



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

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

01 OCT 18 PM 1:01

DOCUMENT # **H90427**

1. Corporation Name

**TGF ARCHITECTS INCORPORATED**

Principal Place of Business

Mailing Address

502 OAKLAND TERRACE  
 LAKE MARY FL 32746

502 OAKLAND TERRACE  
 LAKE MARY FL 32746



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
**137 E. CRYSTAL LAKE AVE.**

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida **12/12/1985**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number **59-2610364**

Applied For  
 Not Applicable

City & State  
**LAKE MARY, FL**

City & State

Zip  
**32746**

Country  
**USA**

Zip

Country

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

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	4 City / State / Zip
PV	FRAZIER, GRAY T.	502 OAKLAND TERRACE	LAKE MARY FL
<del>ST</del>	<del>FRAZIER, CYNTHIA</del>	<del>502 OAKLAND TERRACE</del>	<del>LAKE MARY FL</del>
NO LONGER OFFICER IN CORPORATION. PLEASE REMOVE.			
			400004662484--3 11/01/01 01035 014 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FRAZIER, T. GRAY  
 502 OAKLAND TERRACE  
 LAKE MARY FL 32746

Name **T. GRAY FRAZIER**

Street Address (P.O. Box Number is Not Acceptable)  
**137 E. CRYSTAL LAKE AVE.**

Suite, Apt. #, Etc.

City **LAKE MARY**

State **FL**

Zip Code **32746**

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

**T.G. FRAZIER, ARCHITECT**  
 REGISTERED AGENT MUST SIGN

Date **10.15.2001**

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., 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: **T.G. FRAZIER** **T. GRAY FRAZIER**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10.15.2001**  
 Date

**407-324-7423**  
 Daytime Phone #

CR2E040 (8/01)

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FL. DEPT. OF STATE  
DIVISION OF CORPORATIONS

RE. REINSTATEMENT APPLICATION



ARCHITECTS

509 OAKLAND TERRACE LAKE MARY, FL 32746  
407 324 7423 AA 0002501

137E. CRYSTAL LAKE AVE.

DEAR SIRs:

I HAVE JUST RECEIVED YOUR REINSTATEMENT NOTICE/  
APPLICATION. My OFFICE RELOCATED TO ABOVE ADDRESS IN  
5.2000. I NOTIFIED YOU IN WRITING OF THIS ADDRESS CHANGE,  
BUT DID NOT KNOW OF AMENDMENT (w/cost) PROVISION.  
CONSEQUENTLY, I HAVE NOT RECEIVED YOUR PREVIOUS  
MAILING (SENT TO WRONG ADDRESS). PLEASE RECORD ADDRESS  
CHANGE AND OFFICER CHANGE.

I APOLOGIZE FOR ANY INCONVENIENCE THIS MAY HAVE  
CAUSED THE STATE. THANK YOU FOR YOUR ASSISTANCE IN THIS  
MATTER.

RESPECTFULLY YRS,

T.G. REEB