

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 29 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M82214

1. Corporation Name

WILLIAM HAMILTON ARTHUR ARCHITECTS, INC.

2. Principal Office Address

800 DOUGLAS ROAD

Suite, Apt. #, etc.

SUITE 303

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/24/88

5. FEI Number

65-0051335

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 94-04

7. Name and Address of Current Registered Agent

Name

JAMES RIEGLER

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

9002 SOUTHWEST 152ND STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33157

000034172500
04/27/04--01085--002 **2290.00

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

REGISTERED AGENT MUST SIGN

Date APRIL 20, 2004

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
PD	BRUCE ALAN ARTHUR	800 DOUGLAS RD, SUITE 303	CORAL GABLES, FL 33134

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRUCE ALAN ARTHUR

Date

4/20/04

Daytime Phone #

305-443-3100

CR2E081 (01/04)