PLEASE READ A	ALL INSTE	RUCTIONS	BEFORE C	OMPLETI	NG,THIS FORM.
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS				FILED 98 MAR -5 AM 9: 25
DOCUMENT # N95000004365 1. Corporation Name				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Foundation for Excellence in Architecture, Inc.					TALLAFIROOM
Maying Address Principal Place of Business				a.alaw	
1266 First St. 1266 First St. Şarasota, FL 33677 Sarasota, FL 33677			REINS	TATEMENT 97-98	
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Mailing Address, If Applicable 3. New Principal Office Address, If Applicable				4 Data Incorns	DO NOT WRITE IN THIS SPACE 3/5/98
2. New Mailing Address, If Applicable 1605 Main St.,				Date Incorporated or Qualified To Do Business in Florida 9-13-95	
Sulte, Apt. #, etc. Suite 1100	1100			5. FEI Number Applied For	
Sarasota, Florida	City & State			65-0614 6.	C 25 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Zip 34236 Country USA	Zip	Country	<i>-</i>	CERTIFICATE	OF STATUS DESIRED 38.75 Additional Let required tor a Certificate of Status
7. Names and Street Addresses of Each Officer and/	or Director (Florid		itions must list at lea		
Title(s) Name of Officers and/or Directors		Officer and/or Director 3 (Do NOT Use Post Office Box Num)		•	City / State / Zip
Pres Donald R. Blivas		1266 First Street			Sarasota, Fl. 34236
Sec. Alan Quimby		400 Sarasota Quay			Sarasota, FL. 34231
Treas Michael R. Pender, Jr.		1605 Main St., suite 1100		e 1100	Sarasota, FL 34236
Harry C. Adley		1620 Main Street			Sarasota, FL. 34236
Dir Morton Siegler		435 L.Amiance Drive			Longboat Key, FL. 34228
Dir Richard Levin		6860 Pine street			Longboat Key, FL. 34228
8. Name and Address of Current F	9. Name and Address of New Registered Agent Name				
Donald R. Blivas 1266 First Street	Street Address (P.O. Box Number 19 Not 10 19 19 19 19 19 19 19 19 19 19 19 19 19			3000024521410 -03/10/9801036025	
Sarasota, FL 33677 Suite, Apt. #, Etc05/10/36-01056-025					
10. I, being appointed the registered agent of the above named corporation amiliar with end accept the obligations of Section 607.0505, F.S. Signature of					
Registered Agent Date Date					
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box					
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No (See other side for information on intangible tax.)					
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the acciver 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 to 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 faid. 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: JUNE TYPE OF PRINTED MAKE OF SIGNING OFFICER OF DIRECTOR DIRECTO					

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