

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2007 OCT 23 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000051039

1. Corporation Name

GRAHAM A. GERALDS, ARCHITECT, P.A.

2. Principal Office Address - No P.O. Box #

2849 RAVENSWOOD ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

2849 RAVENSWOOD ROAD

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

Zip

33312

Country

U.S.A.

Zip

33312

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1109599

4ed 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

JOHN A. KASBAR

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

3880 SHERIDAN STREET

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33021

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 10-15-07

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
D	GRAHAM A. GERALDS	2849 RAVENSWOOD ROAD	FT. LAUDERDALE, FL 33312

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954
581-6922
10-15-07

REINSTATEMENT

CR2E081 (1/07)

02-07

10/25
W

pg 282

■ **graham a gerald's** ■ **architect**

2849 ravenwood road, fort lauderdale, florida 33312 (954) 581-6922

☐ fax (954) 581-6975

September 26, 2007

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

Ref: Graham A. Gerald's, Architect PA
2849 Ravenswood Road
Ft. Lauderdale, FL 33312
Document #P01000051039

Dear Sir or Madame:

Please be advised that we did not receive our annual report notice for the above referenced business.

Also, we would appreciate it if the \$600.00 reinstatement fee be waived due to the fact that we never received the notices.

If you have any further questions regarding this matter, please feel free to contact me at my office at 954-581-6922.

Sincerely,

Graham A. Gerald's

Graham A. Gerald's
Architect PA