

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000112789**

1. Corporation Name

TOTEMS ARCHITECTURE, INC.

Principal Place of Business

**715 NW 3RD AVENUE
HIGH SPRINGS FL 32643**

Mailing Address

**715 NW 3RD AVENUE
HIGH SPRINGS FL 32643**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/18/2002

5. FEI Number

54-2081005

Applied For

Not Applicable

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
D	SWEET, TODD M	715 NW 3RD AVENUE	HIGH SPRINGS FL 32643

000023819860
10/15/03--01059--008 **150.00

8. Name and Address of Current Registered Agent

**SWEET, TODD M
715 NW 3RD AVENUE
HIGH SPRINGS FL 32643**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE
[Signature]
REGISTERED AGENT MUST SIGN

Date **10-13-03**

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:

SIGNATURE
[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-13-03 386.454.1321

Date

Daytime Phone #

CR2E040 (7/03)

TOT_eMS

Architecture
Design
Planning

AR-0015832

October 13, 2003

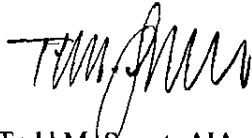
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Corporation Reinstatement
TOTeMS Architecture, Inc. - #P02000112789

This letter shall serve as written request to waive the reinstatement fee for Florida corporation #P02000112789. As of this date, we have not received the two prior uniform business report (UBR) notices from the State of Florida.

We appreciate your consideration for this request.

Respectfully,



Todd M. Sweet, AIA
President
TOTeMS Architecture, Inc.