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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

13 SEP 18 PM 4:06

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

DOCUMENT # **P03000112961**

1. Corporation Name

**Garcia Seufert Architect, Inc.**

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

**121 west 122nd Avenue**

Suite, Apt. #, etc.

3. Mailing Office Address

**121 west 122nd Avenue**

Suite, Apt. #, etc.

City & State

**Tampa, Florida**

City & State

**Tampa, Florida**

Zip

**33612**

Country

**USA**

Zip

**33612**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

March 22nd, 2004

5. FEI Number

**20-0315187**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

Yes

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (11/10)

7. Name and Address of Current Registered Agent

Name

**Russell L Garcia**

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

**6202 Chauncy Street**

Suite, Apt. #, Etc.

City

**Tampa**

State

**FL**

Zip Code

**33647**

**REINSTATEMENT**

**09-13**

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date **09-11-2013**

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	Russell L Garcia	6202 Chauncey Street	Tampa, Florida 33647
VD	Brian D Seufert	6608 Twelve Oaks Blvd	Tampa, Florida 33634
T	Janet S Garcia	6202 Chauncey Street	Tampa, Florida 33647
S	Nancy M Seufert	6608 Twelve Oaks Blvd	Tampa, Florida 33634

10. E-mail Address: **bseufert@garciaseufert.com**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*[Signature]*

**BRIAN D. SEUFERT**

Date **09-11-2013**

(813) 294-9909

Daytime Phone #

encl: (CK #1335 dated 11 Sept 2013 Attached)

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September 19<sup>th</sup>, 2013

**TO: Florida Department of State**  
**Division of Corporations**  
**Clifton Building- 2661 Executive Center Circle**  
**(Post Office Box 6327)**  
**Tallahassee, FL. 32301**

**ATTN:** Marquitta Williams

**RE:** Garcia Seufert Architect, Inc  
Intent to permanently dissolve P13000058375

The purpose of this letter is to verify that we DO NOT have intent to reinstate per our dissolution form dated September 9<sup>th</sup>, 2013.

We are releasing the name "Garcia Seufert Architect, Inc." **FROM:** P13000058375.

Thank you for your call and for your help in resolving this for us!

Sincerely,

**Garcia Seufert Architect, Inc.**

Brian D. Seufert, AIA, LEED AP – Vice President

Architect - FL Reg.: AR0012775

(813) 294-9909 mobile

121 W 122nd Ave Tampa, FL 33612 Telephone: 813/915-8300 Fax: 813/915-0168, FL Registration # AA26000767