

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB 25 PM 4:17

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 704000169450

1. Corporation Name

Florida Design Architects PA

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

11911 US Highway 1

Suite, Apt. #, etc

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

N Palm Beach, FL

City & State

Zip

33408

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-2065069

Applied 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

Gerard Oakley

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

6460 Eastpoint Pine Street

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State

FL

Zip Code

33418

☒ 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

Gerard Oakley

REGISTERED AGENT MUST SIGN

Date 2/4/10

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
p,v	Gerard Oakley	6460 Eastpoint Pine St	PBG, FL 33418
s,t	Gerard Oakley	6460 Eastpoint Pine St	PBG, FL 33418
		M. MILLIGAN EXAMINER	
		MAR - 2 2010	
		REINSTATEMENT	

10. E-mail Address:

(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., 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.

SIGNATURE:

Gerard Oakley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/4/10

Daytime Phone #