

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P11044

1. Corporation Name

HLM DESIGN OF NORTHAMERICA, INC.

Principal Place of Business

Mailing Address

~~PO BOX CENTRE ONE
IOWA CITY IA 52244-0310
US~~

121 WEST TRADE ST
2950
CHARLOTTE NC 28202
US

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

2. New Principal Office Address, If Applicable

125 S. Dubuque Street

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

500

City & State

Iowa City, Iowa

Zip Country

52240-4003

US

City & State

Zip Country

4. Date Incorporated or To Do Business in Florida

08/06/1986

5. FEI Number

42-0924025

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PCEO	HARRIS, JOSEPH M.	121 W TRADE ST - SUITE 2950	CHARLOTTE NC
DC	CARLSON, JOHN E	7432 SPARKLING LAKE	ORLANDO FL
AS	KAPLAN, KAREN A	121 W TRADE ST SUITE 2950	CHARLOTTE NC
TD	THOMAS, TOM E.	1820 SHAWNEE TRAIL	MAITLAND FL
T	STORCK, ROBERT J	121 W TRADE ST - SUITE 2950	CHARLOTTE NC
S	IRWIN, JEAN Brannon, Vernon	121 W TRADE ST - SUITE 2950	CHARLOTTE NC

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 PINE ISLAND ROAD
SUITE 1100
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Suite, Apt. #, Etc.

City

State 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.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

JENNIFER PAULTMAN
ASSISTANT SECRETARY

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/99 704-358-0779

CR2E040 (9/98)