

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 # P20544

1. Corporation Name

AIKEN, Aiken + Shultz Architects Inc.

Principal Place of Business

2722 Piedmont Road
Atlanta, GA. 30305

Mailing Address

PO Box 52639
Atlanta, GA. 30355

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

REINSTATEMENT 97-99

4. Date Incorporated or Qualified
To Do Business in Florida

1986

5. FEI Number

SP-1703135

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	STEWART W. AIKEN	31 CARLTON DR	ATLANTA GA 30342
U-P	RICHARD A. AIKEN	4934 Peachtree Dunwoody Rd	ATLANTA GA 30342
U-P	ROBERTO A. BRANCHAMP	4004 N. STRATFORD RD	ATLANTA GA 30342
			300002918643--1 -06/29/99--01057--003 ****150.00 ****150.00
			300002918643--1 -06/29/99--01057--004 ****300.00 ****300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

JACK TYSON

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

626 2nd Street

Suite, Apt. #, Etc.

City

CECIL KEY

State

FL

Zip Code

32625

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 5/15/99

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD A. AIKEN

5/17/99
Date

404-233-4466
Daytime Phone #