

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 19 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P22191

1. Corporation Name

THE COGDELL GROUP, INC.

Principal Place of Business

101 MATTHEWS STREET
STE #100
MATTHEWS NC 28105
US

Mailing Address

P.O. BOX 1334
~~P.O. BOX 221067~~
MATTHEWS NC ~~28010~~ 28106
US



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

12/20/1988

5. FEI Number

56-1026994

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 3 | City / State / Zip 4 |
|---------------|--|--|---|
| C | COGDELL, JAMES W. | 2149 ROLSTON DRIVE Matthews P.O. Box 1334 NC 28105 | CHARLOTTE NC Matthews NC |
| P | SPENCER, FRANK C. | 3201 SELWYN AVENUE P.O. Box 1334 | CHARLOTTE NC Matthews NC 28105 |
| ST | HANDY, CHARLES | 4710 HARDWICKE RD P.O. Box 1334 | CHARLOTTE NC Matthews NC 28105 |
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11/19/02--01011--013 **150.00

8. Name and Address of Current Registered Agent

LEBLANC, PHYLLIS J.
ALL CHILDREN'S PHY OFFICE BLDG
880 6TH ST. S. SUITE 190
ST. PETERSBURG FL 33701

9. Name and Address of New Registered Agent

Name

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

Suite

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 607.0010, F.S. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)



CGI

The Cogdell Group, Inc.

2ed 2

November 6, 2002

Florida Department of State
Jim Smith, Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Gentlemen:

We are in receipt of an Application for Reinstatement for The Cogdell Group, Inc. in your state.

Please note that we did not receive the annual report forms to fill out, and therefore, were unaware that this had not been filed. Also, the mailing address is incorrect on the form. We moved several years ago and changed post office boxes. The old post office box number 221857 is still listed on the address portion of the form. The P. O. Box 1334 is correct. I have corrected this on the form.

Whether this is the reason for us not receiving the annual report notice or not, we are paying the regular fee of \$150.00 at this time. This is in accordance with your voice mail message regarding non-receipt of forms for annual reports. If this is no sufficient, please contact me or my assistant, Pamela Dalton at 704/841-8411.

Sincerely yours,

THE COGDELL GROUP, INC.

Charles M. Handy
COO/CFO

Enclosures

cc: Pamela Dalton

