

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 21 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000012336

1. Corporation Name

Criswell Blizzard & Blouin, Architects, Incorporated

REINSTATEMENT 03-04

2. Principal Office Address

500 E. Kennedy Boulevard

3. Mailing Office Address

500 E. Kennedy Boulevard

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

4. Date Incorporated or Qualified
To Do Business in Florida

12/16/92

City & State

Tampa, FL

City & State

Tampa, FL

5. FEI Number

59-3156621

☐ Applied For
☐ Not Applicable

Zip

33602

Country

USA

Zip

33602

Country

USA

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

William S. Blizzard

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

4503 W. Sylvan Ramble Street

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33609

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

Date **1/20/04**

REGISTERED AGENT MUST SIGN

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,D	William S. Blizzard	500 E. Kennedy Boulevard	Tampa, FL 33602
V,D	William N. Criswell	500 E. Kennedy Boulevard	Tampa, FL 33602
V,D	John R. Cochran, Jr.	500 E. Kennedy Boulevard	Tampa, FL 33602
V,D	Joseph E. Blouin, Jr.	500 E. Kennedy Boulevard	Tampa, FL 33602
V,D	Michael R. Gilson	500 E. Kennedy Boulevard	Tampa, FL 33602
S,T	Michelle O. Cobble	500 E. Kennedy Boulevard	Tampa, FL 33602

10. 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:

William S. Blizzard,
President

1/20/04

407-237-6196

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #