

# 2011 FOR PROFIT CORPORATION REINSTATEMENT

FILED

11 OCT 11 PM 4:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P93000045513</b> 1. Entity Name <b>AKIN AND ASSOCIATES ARCHITECTS, INC.</b>		
Principal Place of Business <b>2603 W. THARPE STREET, SUITE A TALLAHASSEE, FL 32303</b>		Mailing Address <b>2603 W. THARPE STREET, SUITE A TALLAHASSEE, FL 32303</b>
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State
Zip	Country	Zip
Country		Country



10112011 REIN-P CR2E098 (1/07)

4. FEI Number <b>58-2033267</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>AKINYEMI, AKIN S 3286 LILBURN CT. TALLAHASSEE, FL 32312</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Akin S. Akinyemi* DATE: October 11, 2011

Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2012, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SDOO</b> <input type="checkbox"/> Delete <b>AKINYEMI, AKIN S</b> <b>3286 LILBURN CT.</b> <b>TALLAHASSEE, FL 32312</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition    <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>400213201364</b> <b>10/12/11--01001--012 **750.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>400213201364</b> <b>10/12/11--01001--013 **8.75</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Akin S. Akinyemi* DATE: October 11, 2011 Daytime Phone #: 385-25410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR