

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 14 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P-95000022136

1. Corporation Name
SGA ARCHITECTS, INC.

REINSTATEMENT 2003

| | | | |
|--|----------------------|--|----------------------|
| 2. Principal Office Address 251 Royal Palm Way | | 3. Mailing Office Address 251 Royal Palm Way | |
| Suite, Apt. #, etc. Suite 300A | | Suite, Apt. #, etc. Suite 300A | |
| City & State Palm Beach, FL | | City & State Palm Beach, FL | |
| Zip 33480 | Country US | Zip 33480 | Country US |

4. Date Incorporated or Qualified To Do Business in Florida **03/15/1995**

5. FEI Number **65 0677988** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$0.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **Goliger, Spencer**

Street Address (P.O. Box Number is Not Acceptable) **251 Royal Palm Way**

Suite, Apt. #, Etc. **Suite 300A**

City **Palm Beach** State **FL** Zip Code **33480**

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10/15/03--01057--014 **758.75

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 *[Signature]* Date **10/09/2003**

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 | Goliger, Spencer | 251 Royal Palm Way, Suite 300A | Palm Beach, FL 33480 |
| | | | |
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| | | | |

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: *[Signature]* Date **10/09/2003** 561 832 1883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Operating Phone #

FORM 11000303