

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 #** *PA6000035341*

1. Corporation Name

**R.C.T. Architecture, Inc.**

**FILED**

**97 JUN -9 PM 12:41**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

**1601 Belvedere Road  
Suite 200  
West Palm Beach, FL 33406**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

*N/A*

3. New Mailing Office Address, If Applicable

*N/A*

4. Date Incorporated or Qualified  
To Do Business in Florida

**April 22, 1996**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

**65-0669120**

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
P/D	Ralph S. Tyler	1334 Inglewood Drive	Cleveland, Ohio 44121
V	James V. Burphy	5241 Cedar Lake Ra. Apt.4-9	Boyton Beach, FL 33437
V	Douglas Tober	528 Bayview Road	Bay Village, OH 44140
D	Ralph C. Tyler	13800 Shaker Blvd.	Cleveland, OH 44120
D	Edwin J. Williams	7859 Gates Mills Estate Dr.	Gates Mills, OH 44040

8. Name and Address of Current Registered Agent

**John C. Rayson, Esquire  
2400 East Oakland Park Boulevard  
Fort Lauderdale, FL 33306**

9. Name and Address of New Registered Agent

Name

*N/A*

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

**800002208818-3**

**-06/11/97--01072--004**

Suite, Apt. #, Etc.

**\*\*\*\*\*593.75 \*\*\*\*\*593.75**

City

State

Zip Code

**FL**

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

*John C. Rayson*  
REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

*Ralph S. Tyler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Ralph S. Tyler, President 05/29/97 (216)623-0808**

Date

Daytime Phone #

CR200-0 (12/95)