

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P96000039022

**FILED**  
**Jan 16, 2012**  
**Secretary of State**

**Entity Name:** BRIAN D. WOLFE ARCHITECT, INC.

**Current Principal Place of Business:**

15438 N. FLORIDA AVENUE  
SUITE 140  
TAMPA, FL 33613 US

**New Principal Place of Business:**

5005 PICKETT COURT  
TAMPA, FL 33624 US

**Current Mailing Address:**

5005 PICKETT COURT  
TAMPA, FL 33624

**New Mailing Address:**

**FEI Number:** 59-3383059

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WOLFE, BRIAN D  
5005 PICKETT COURT  
TAMPA, FL 33624 US

**Name and Address of New Registered Agent:**

WOFLE, BRIAN D  
5005 PICKETT COURT  
TAMPA, FL 33624 US

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.

SIGNATURE: BRIAN D. WOLFE

01/16/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: WOLFE, BRIAN D  
Address: 5005 PICKETT COURT  
City-St-Zip: TAMPA, FL 33624

Title: SEC  
Name: WOLFE, JUDY L  
Address: 5005 PICKETT COURT  
City-St-Zip: TAMPA, FL 33624

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRIAN D. WOLFE

PRES

01/16/2012

Electronic Signature of Signing Officer or Director

Date