	PLEASE READ	ALL INST	RUCTIONS	BEFORE C	OMPLET	ING THIS F	ORM.		
FOR SEINSTATE AND SECRETARY OF STATE OF						FILED			
DIVISION OF CORPORATIONS					02 DEC -3 PM 2: 02				
DOCUMENT # P9700006619  1. Corporation Name					SECRETARY OF STATE FALLAHASSIE, FLORIDA				
DAVID L. SKYLES ARCHITECTS, PROFESSIONAL ASSOCIA						IALLAHAESEE, FLORIDA			
TION									
Principal P	lace of Business	ess		1 	IN INITERIAL CONTRACTOR	) 	) <b>88</b> !		
102 OAKS CT 102 OA SANFORD FL 32771 SANFOR			AKS CT DRD FL 32771						
If above addresses are incorrect in any way, line through incorrect information and enter correction below.									
2. New Pri	ncipal Office Address, If Applicable	3. New Maili	ailing Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida     01/17/1997				
Suite, Apt.		Suite, Apt. #,	etc.		5. PEI Number		01/11/1897 Applied I	or -	
City & State	9	City & State	City & State			59-3424317 Not Applicable			
Zip	Country	Zip	Zip Country			CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status			
7. Names	and Street Addresses of Each Officer an	d/or Director (Flo	1			1			
Title(s) 1	Title(s)  Name of Officers and/or Directors			Street Address of Each Officer and/or Director		City / State / Zip			
D	SKYLES, DAVID L		102 OAKS CT			SANFORD FL 32771			
	, , , , , , , , , , , , , , , , , , , ,								
				600009347496					
					127 097 0	<u> </u>	/lb **!>J.CU		
		,	<u>.                                    </u>						
8. Name and Address of Current Registered Agent Name					9. Name and Address of New Registered Agent				
SKALES DY/UD (					P.O. Box Number is Not Acceptable)				
102 OAKS CT					, , , , , , , , , , , , , , , , , , ,				
ON 11 OND 12 02771									
City					State   Zip Code   FL				
10. I, being	appointed the registered agent of the a	ove named corpo	ration, am familiar wi	th and accept the ob	oligations of Section	on 607.0505, F.S. or	617.0505, F.S.		
Signature of Registered	Agent	EGISTERED AGI		IREU		Date	21 02		
11. I certify this rein	that I am an officer or director or the rec statement application, the reason for dis	elver or trustee en	powered to execute	this application as protection to the protection of the protection	rovided for in cha	pter 607 or 617, F.S. of section 607.0401	I further certify that when fill or 617.0401, F.S., that all fee	ng es	
owed by	the corporation have been paid and the application is true and accurate, and my	names of individu	uals listed on this forr	m do not qualify for a	an exemption und	ler section 119.07(3)	(i), F.S. The information indi	cated	
		h \	. •		,				
SIGNAT	URE: SIGNIA	RES	EQUIR	ED	1 2	102 4	07.330.4560	İ	
	SIGNATURE AND TYPED OR PI	RINTED NAME OF S	IGNING OFFICER OR D	DIRECTOR		Date	Daytime Phone #		



Member American Institute of Architects / NCARB

November 25, 2002

Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314-6327

RE: Reinstatement of Corporation

Dear Gentlemen,

We are writing this letter to state, David L. Skyles Architects, P.A. did not receive any notices or uniform business report notices for the year 2002.

Enclosed is the filing fee of \$150.00 for reinstatement of a profit corporation.

If you have any questions and/or concerns, please call me at 407-330-4560

Sincerely,

DAVID L. KKYLES ARCHITECTS, P.A.

David L. Skyles ALA, NCARB

President

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