

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000025380**

1. Corporation Name

BISSELL ARCHITECTS, PA

Principal Place of Business

2449 SOUTH THIRD AVE.
JACKSONVILLE BEACH FL 32250

Mailing Address

2449 SOUTH THIRD AVE.
JACKSONVILLE BEACH FL 32250

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/01/1997

5. FEI Number

59-3444346

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 3	City / State / Zip 4
P	BISSELL, MICHAEL S	2449 SOUTH THIRD AVE.	JACKSONVILLE BEACH FL 32250

8. Name and Address of Current Registered Agent

BISSELL, MICHAEL S
2449 SOUTH THIRD AVE.
JACKSONVILLE BEACH FL 32250

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date **10 OCT 03**

11. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10 OCT 03**

Daytime Phone # **904 247-3355**

FILED

03 OCT 24 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

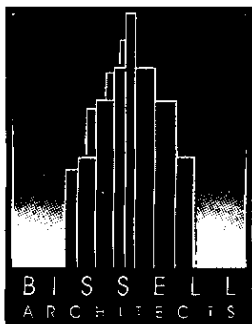
REINSTATEMENT **03**



300024059563

102400-0007-022 **150.00

CR2E040 (7/03)



20 October 2003

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL
32314

To Whom It May Concern:

Bissell Architects, PA did not receive the two prior notifications of the uniform business report (UBR) notices. So according to the application enclosed is a check for \$150.00 dollars for the fee. Thank you for your concern and service.

Sincerely,

Michael S. Bissell
President
BISSELL ARCHITECTS, PA