

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT 27 AM 9:32

DOCUMENT # P98000060675

1. Corporation Name

KOPPENHAFFER ARCHITECT, INC.

Principal Place of Business

Mailing Address

1190 NECK ROAD  
PALM VALLEY FL 32082

1190 NECK ROAD  
PALM VALLEY FL 32082

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

07/08/1998

5. FEI Number

59-3522270

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
DPTS	KOPPENHAFFER, MICHAEL S	1190 NECK ROAD	PALM VALLEY FL 32082
			800003035898--2
			-11/05/99--01013--015
			***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KOPPENHAFFER, MICHAEL S  
1190 NECK ROAD  
PALM VALLEY FL 32082

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.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/13/99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/13/99

904-273-1273

CR2E40 (8/99)

2

KOPPENHAFER ARCHITECT, INC.  
1190 NECK ROAD  
PALM VALLEY, FL 32082

October 14, 1999

Florida Dept. of State  
Divisions of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

Re: Koppenhafer Architect, Inc. – 1999 Corp. Annual Report

Dear Sir or Madam:

Please find the attached 1999 Annual Report and Check for \$150.00. We never received your 1<sup>st</sup> or 2<sup>nd</sup> Notice of Filing. As soon as we received this current correspondence, we have executed it and mail it. We are asking for assistance on acceptance of this report and waiver of any late filing penalties. Possibly the problem with our non-receipt is the confusion between the city of Palm Valley and Ponte Vedra Beach. They are the same city and zip code. Your prompt assistance to this matter is appreciated in advance.

Sincerely

Michael S. Koppenhafer

Enclosures:  
Numerous