

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 NOV 27 PM 1:20

DOCUMENT # P99000015870

1. Corporation Name

ALISON SPEAR ARCHITECT, P.A.

2. Principal Office Address

BUENA VISTA BLDG.  
180 NE 2nd ST.

Suite, Apt. #, etc.

222

City & State

MIAMI, FLORIDA

Zip

33137

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

800004717318--4

-12/10/01--01108--003

\*\*\*300.00 \*\*\*300.00

4. Date Incorporated or Qualified  
To Do Business in Florida

2/8/99

5. FEI Number

74-2911011

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ALISON SPEAR ARCHITECT, P.A.

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

BUENA VISTA BLDG. 180 NE 2nd Ave.

Suite, Apt. #, Etc.

11222

City

MIAMI

State

FL

Zip Code

33137

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

*Alison Spear*

Date

11/26/01

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	ALISON L. SPEAR	2025 BRICKELL AVE. #303	MIAMI, FL 33129

10. 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:

ALISON L. SPEAR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Alison Spear*

Date

11/26/01 (305) 438-1200

Daytime Phone #

# ALISON SPEAR, AIA

November 26, 2001


To whom it may concern,

We have not received the "Uniform Business Report" for the year 2000 and 2001. The address filed to the Division of Corporation is incorrect. Alison Spear Architect PA does do business on 2<sup>nd</sup> Avenue & 39<sup>th</sup> Street, but the correct address is as follows:

Alison Spear Architect PA  
Buena Vista Building  
180 N.E. 39<sup>th</sup> Street  
Suite 222  
Miami, FL 33137

I am sending a return Fedex package so we can receive this reinstatement A.S.A.P.  
Thank you for your assistance in advance.

Cordially,



Carla Bodington

FEI# 74-2911011