

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

ADMITTED AND FILED

98 SEP 10 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *S 17335*

1. Corporation Name

REX NICHOLS ARCHITECT & ASSOCIATES, INC.

Principal Place of Business
2499 GLADES ROAD
SUITE 112
BOCA RATON, FL 33431

Mailing Address

SAME

REINSTATEMENT *97-98*

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

4. Date Incorporated or Qualified To Do Business in Florida

04/23/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0263213

Applied For
Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	NICHOLS, REX	2499 GLADES ROAD SUITE 112	BOCA RATON, FL 33431

100002639101--0
-09/15/98--01006--007
***900.00 ***900.00

RB
9-10-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NICHOLS, REX
2499 GLADES ROAD
SUITE 112
BOCA RATON, FL 33431

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

THE REGISTERED AGENT MUST SIGN

Date 09-08-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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: REX NICHOLS
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 09-08-98

Daytime Phone # 561-368-9445

CR2E040 1-98