

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

12 NOV 16 AM 10:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F00000005327**

1. Corporation Name

Facility Design Group Inc.

2. Principal Office Address - No P.O. Box #

2233 Lake Park Dr.

3. Mailing Office Address

2233 Lake Park Dr.

Suite, Apt. #, etc.

205

Suite, Apt. #, etc.

205

City & State

Smyrna, GA

City & State

Smyrna, GA

Zip

30080

Country

USA

Zip

30080

Country

USA

11-12

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

09/25/2000

5. FEI Number  
58-2524102

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

National Corporate Research, Ltd., Inc.

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

155 Office Plaza Drive

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

700241904187  
11/16/12--01024--003 \*\*935.00

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

Dionysis Garvin, Assistant Secretary  
REGISTERED AGENT MUST SIGN

Date

11/9/12

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
CEO	James E. Strack	2233 Lake Pk. Dr., Ste. 205	Smyrna, GA 30080
S	Cheryl S. Moultrie	2233 Lake Pk. Dr., Ste. 205	Smyrna, GA 30080
CFO	Herbert H. Sprague	2233 Lake Pk. Dr., Ste. 205	Smyrna, GA 30080
<b>REINSTATEMENT</b>			<b>NOV 16 2012</b>
<b>R. HUNT</b>			

10. E-mail Address: emily.kovitch@facilitydesigngroup.net

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-12-12

Daytime Phone #

770-437-2700