



The State of North Carolina

The North Carolina Board of Architecture

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Professional Corporation Application for Reinstatement of the Firm Certificate of Registration to Practice
Architecture in the State of North Carolina FEE: \$ 250.00

Information and Instructions for Applying for Reinstatement of the Corporate Certificate

1. Submit completed application and fee of \$250.00 to the North Carolina Board of Architecture at above address.
2. Attach any amendments to articles since last renewal.
3. Rules on reinstatement found in 21NCAC 2.0214 (d).

1. The Name of Firm and Registration Number:

2. Date of Application:

3. The Principal Address of Firm:

4. Phone Number: ()

5. Fax: ()

6. Email:

7. The Officers Of the Corporation: (attach a separate sheet if necessary)

Name:	Officer:	Address:	Profession:	State of Registration:	Registration Number:

8. The Directors of the Corporation: (Attach a separate sheet if necessary)

Name:	Address:	Profession:	State & Registration Number:

9. The Shareholders of the Corporation: (attach a separate sheet if necessary). **Non licensed employees may not own more than one-third of the total issued and outstanding shares of the corporation. % of shares must total 100.**

Name:	Address:	Profession:	Home State Registration #(NC # if applicable)	% of Shares Owned:

10. The Licensed Employees of the Corporation (not listed in section 8 or 9) are: (attach a separate sheet if necessary)

Name:	Address:	Profession:	NC Registration Number:

_____(initials) Application is hereby made for reinstatement of the Corporate Certificate of Registration as a Professional Corporation for the practice of architecture in the State of North Carolina under the provisions of Chapter 55B “The Professional Corporation Act” of the General Statutes of North Carolina.

_____(Initials) I _____ certify that neither I nor any other officer or employee of this corporation have not offered or rendered architectural services in the State of North through this entity. Except as described below:

Affidavit and Notarization

I, _____ certify, that I am an officer of _____ (firm name): namely, its _____ that this application is duly authorized by the Board of Directors and that the statements made in said application are true and accurate.

Signature

Date

Title

Sworn to and subscribed before me, this _____ day of _____ 20 _____

Notary Public

My Commission Expires: _____ (SEAL)