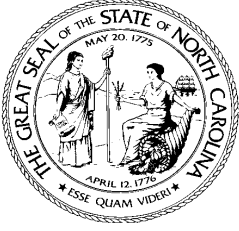


The State of North Carolina



The North Carolina Board of Architecture
434 Fayetteville St.
Suite 2005
Raleigh, NC 27601
Phone: 984-328-1161 Email: ncba@ncbarch.org www.ncbarch.org

Professional Corporation Application for Reinstatement of the Firm Certificate of Registration to Practice

Information and Instructions for Applying for Reinstatement of the Corporate Certificate

- Submit completed application and fee of \$250.00 to the North Carolina Board of Architecture at above address.
- Attach any amendments to articles since last renewal.
- 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:

The State of North Carolina

Certification

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