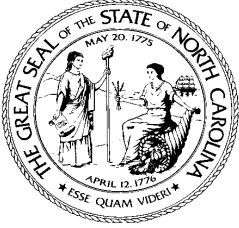


The State of North Carolina



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

PLLC Application for FIRM Reinstatement of the 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 of organization since last renewal.
- Rules on reinstatement found in 21NCAC 2.0214 (d).

1. The Name of Firm and NC Firm Registration Number: _____ 2. Date of Application: _____

3. The Principal Address of Firm:

4. Phone Number: () _____ 5. Fax: () _____ 6. Email: _____

7. The Managers/Directors of the Company. At least one member must hold an individual license to practice architecture in North Carolina : (attach a separate sheet if necessary)

Name:	Address:	Profession:	Home State of Registration:	North Carolina Registration Number, if applicable:

8. The Owner of the Company: (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 Ownership:

9. List all other employees of the firm who hold a license to practice architecture in any U.S. Jurisdiction and who are not already listed in sections 7 or 8: (attach a separate sheet if necessary)

Name:	Address:	Profession:	NC Registration Number:

____ (Initials) Application is hereby made for reinstatement of the Company Certificate of Registration as a Professional Corporation for the practice of architecture in the State of North Carolina under the provisions of Chapter 57C "The Professional Limited Liability Act" of the General Statutes of North Carolina.

____ (Initials) I _____ certify that neither I nor any other member or employee of this company have not offered or rendered architectural services in the State of North Carolina through this entity. Except as described in the attached document.

Certification

The undersigned certifies that he/she is a member of _____ (firm name); namely, its _____: that this application is duly authorized by the Members and Owners and that the statements made in said application are true and accurate.

Signature _____

Date _____

Title _____