

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000063620

Entity Name: ARCHI-SOLUTIONS, INC.

FILED  
Sep 22, 2006  
Secretary of State

**Current Principal Place of Business:**

5048 SW 136 AVENUE  
MIRAMAR, FL 33027

**New Principal Place of Business:**

**Current Mailing Address:**

5048 SW 136 AVENUE  
MIRAMAR, FL 33027

**New Mailing Address:**

FEI Number: 20-2837826

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CUBILLA, CELESTINO  
9440 SW 8TH STREET  
411  
BOCA RATON, FL 33428 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CUBILLA CELESTINO

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ORTEGA, NORA E  
Address: 16451 BLATT BLVD. #205  
City-St-Zip: WESTON, FL 33326

Title: T ( ) Delete  
Name: VASQUEZ, GUSTAVO  
Address: 5048 SW 136 AVENUE  
City-St-Zip: MIRAMAR, FL 33027

Title: S ( ) Delete  
Name: ARANGO, MARGARITA  
Address: 5048 SW 136 AVENUE  
City-St-Zip: MIRAMAR, FL 66027

Title: D ( ) Delete  
Name: MARULANDA, LEONARDO  
Address: 16451 BLATT BLVD. #205  
City-St-Zip: WESTON, FL 33326

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ORTEGA NORA E

Electronic Signature of Signing Officer or Director

P

09/22/2006

Date