Florida Department of State

Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : IVAN,COLE,BONNETTE & KANE,P.A.
Account Number : I20050000014
Phone : (904)358-3006
Fax Number : (904)358-3066

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: bmyers@asilighting.com

CORPORATION REINSTATEMENT
ARCHITECTURAL SALES & ILLUMINATION, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G89589

1. Corporation Name
ARCHITECTURAL SALES & ILLUMINATION, INC.

REINSTATEMENT 09-11

CR2E091 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1815 UNIVERSITY BLVD. NORTH	1815 UNIVERSITY BLVD. NORTH
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE, FL	City & State: JACKSONVILLE, FL
Zip: 32211 Country: USA	Zip: 32211 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 03/12/1984

5. FEI Number: 592410100 ☐ 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: Michael J. Ivan, Jr., Esq.

Street Address (P.O. Box Number is Not Acceptable): 1 Independent Drive, Suite 3131

Suite, Apt. #, Etc.

City: Jacksonville State: FL Zip Code: 32202

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 _____ Date 8/3/11
REGISTERED AGENT MUST SIGN

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
DPC	MYERS, BRUCE J.	1815 UNIVERSITY BLVD. NORTH	JACKSONVILLE, FL 32211
DS	MYERS, SUSAN D.	1815 UNIVERSITY BLVD. NORTH	JACKSONVILLE, FL 32211

10. E-mail Address: BMYERS@ASILIGHTING.COM
(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: Bruce J Myers Bruce J. Myers, Director 8/1/11 (904) 744-7000 X.10
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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