

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

DOCUMENT # **G98698**

00 FEB 21 PM 4:38

1. Corporation Name

**"IN-ARCHITECTURE", INC**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2421 TIGERTAIL AVE  
 MIAMI FL 33133  
 US

2421 TIGERTAIL AVE  
 COCONUT GROVE FL 33133

**REINSTATEMENT 99-00**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

02/21/1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2375324

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
<del>PVP VP SEC.</del>	TZAMTZIS, TANIA LOPEZ	2421 TIGERTAIL AVE	COCONUT GROVE FL 33133
PRES.	ANTHONY E. TZAMTZIS	2421 TIGERTAIL AVE.	MIAMI, FL 33133

100003170441-3  
 -03/15/00--01012--016  
 \*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~TZAMTZIS, TANIA LOPEZ  
 2421 TIGERTAIL AVE  
 COCONUT GROVE FL 33133~~

Name **ANTHONY E. TZAMTZIS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2421 TIGERTAIL AVE.**  
 Suite, Apt. #, Etc.  
**MIAMI FL**  
 City State Zip Code  
**FL 33133**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

**SIGNATURE REQUIRED**  
 REGISTERED AGENT MUST SIGN

Date **02/18/00**

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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **02/18/00** (305) 860-9410  
 Daytime Phone #

CR2E040 (8/99)