

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2010 APR 15 PM 12:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L07000112735

1. Limited Liability Company's Name

Commercial Architectural Solutions, LLC

000176135220  
04/16/10--01005--015 \*\*213.75

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 300 S. Biscayne Blvd		3. Mailing Office Address 300 S. Biscayne Blvd.	
Suite, Apt. #, etc. Ste. 3616		Suite, Apt. #, etc. Ste. 3616	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33131	Country USA	Zip 33131	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 11/07/2007	
6. FEI Number	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00	

8. Name and Address of Current Registered Agent		
Name National Corporate Research, LTD., Inc.		
Street Address (P.O. Box Number is Not Acceptable) 515 East Park Avenue		
Suite, Apt. #, Etc.		
City Tallahassee	State FL	Zip Code 32301

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*John Meloni, Asst Sec.*

Date 3/31/10

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	David Martin	300 S. Biscayne Blvd. Ste. 3616	Miami, FL 33131

**REINSTATEMENT**

10/AL

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

*David Martin*

Date 4-8-10

Daytime Phone #

305-372-0177

Typed or printed name of signing Managing Member/Manager DAVID MARTIN