

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1996 NOV -8 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L54416**

1. Corporation Name

VIE ARCHITECTURAL DESIGN, INC.

Principal Place of Business

Mailing Address

% RAYMOND A. MACK, JR.
1 W CAMINO REAL SUITE 206
BOCA RATON FL 33432

% RAYMOND A. MACK, JR.
1 W CAMINO REAL SUITE 206
BOCA RATON FL 33432

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

03/02/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0186378

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☒ **REINSTATEMENT**

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	MACK, RAYMOND A., JR.	440 PINE CIRCLE	BOCA RATON FL
V	REEVES, PHILLIP E.	3623 NW 67TH STREET	COCONUT CREEK FL
DP	MACK, RAYMOND A., JR.	6542 CONTEMPO LN	BOCA RATON, FL
			400002006674-8
			-11/18/96--01007--005
			***383.75 ***383.75
			REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MACK, RAYMOND A., JR.
440 PINE CIRCLE
BOCA RATON, FL 33432

Name

Street Address (P.O. Box Number is Not Acceptable)

6542 CONTEMPO LN

Suite, Apt. #, Etc.

City

BOCA RATON

State

Zip Code

FL

33433

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

11/5/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

RAYMOND A. MACK, JR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/5/96

Daytime Phone

851-828-0606

CR2040 (7/95)