L94000000045

APPLICATION FOR REINSTATEMENT OF LIMITED LIABILITY COMPANY

FILED
98 FEB 13 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

DOCUMENT # L94000000045

1. Name and Mailing Address of Limited Liability Company

Architectural Impressions, L.C.
4517 NW 31st Ave.
Ft. Lauderdale, Fl 33309

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

1a. Principal Place of Business Address
621 NW 53rd St.
Suite 450
Boca Raton, FL 33487

2. Principal Place of Business	2a. Mailing Address
621 NW 53rd St	621 NW 53rd St.
Suite, Apt. #, etc.: Suite 450	Suite, Apt. #, etc.: Suite 450
City & State: Boca Raton, FL	City & State: Boca Raton, FL
Zip: 33487 Country: USA	Zip: 33487 Country: USA

3. Date Organized or Qualified: 1/27/94
3a. State of Formation: Florida
4. FEI Number: 65-0468706 ☐ Applied For ☐ Not Applicable
5. Date of Last Report: 1996
6. Certificate of Status Desired ☐ $6.25 Additional Fee Required

7. Name and Address of Current Registered Agent

Richard Weissman
4517 NW 31st Ave.
Ft. Lauderdale, Fl33309

8. Name and Address of New Registered Agent

Name
000002439360--5
-02/24/98--01071--002
*****8.75 *****8.75

Street Address (P.O. Box Number is Not Acceptable)
621 NW 53rd St.

Suite, Apt. #, etc.
Suite 450
000002439360--5
-02/24/98--01071--002
*****123.50 *****127.50

City: Boca Raton FL Zip Code: 33487

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the appointment as Chapter 608.F.S.
000002439360--5
-02/24/98--01071--003
*****8.75 *****8.75

Signature of Registered Agent: Richard Weissman REGISTERED AGENT MUST SIGN Date: 2/12/98

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
MGR	Weissman, Richard	621 NW 53rd St.	Boca Raton, Florida 33487
MGR	Lima, Octavio	621 NW 53rd St.	Boca Raton, Florida 33487

000002439360--5
-02/24/98--01071--001
*****750.00 *****750.00

REINSTATEMENT 97-98

CWS 9e 2-18

11. 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: Date: 2/12/98 Daytime Phone #: (561)994-6221

Typed or printed name of signing Managing Member/Manager: Richard Weissman

CR2EO41 12/95

*Document Number Only

CT CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1092

City State Zip Phone

CORPORATION(S) NAME

Architectural Impressions, LC.

( ) Profit
( ) NonProfit
( ) Limited Liability Co.
( ) Amendment
( ) Merger
( ) Foreign
( ) Dissolution/Withdrawal
( ) Mark
( ) Limited Partnership
( ) Annual Report
( ) Other UCC Filing
( ) Reinstatement
( ) Reservation
( ) Change of R.A.
( ) Fic. Name
( ) Certified Copy
( ) Photo Copies
(X) OUS
( ) Call When Ready
( ) Call if Problem
( ) After 4:30
■ Walk In
( ) Mail Out
■ Pick Up

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

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DIVISION OF CORPORATION

CR2E031 (1-89)

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