

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katharine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 JAN 10 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 94000000045

1. Limited Liability Company's Name

Architectural Impressions, L.C.

2. Principal Office Address

621 NW 53 Street

3. Mailing Office Address

621 NW 53 Street

Suite, Apt. #, etc.

Suite 450

Suite, Apt. #, etc.

Suite 450

City & State

Boca Raton

City & State

Boca Raton

Zip

33487

Country

USA

Zip

33487

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

650468706

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Ira L. Young

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

621 NW 53 Street

Suite, Apt. #, Etc.

Suite 450

City

Boca Raton

State

FL

Zip Code

33487

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

[Signature]

Date

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
MGR	Octavio Lima	621 NW 53 Street, Suite 450	Boca Raton, FL 33487
			000003530970
			12/13/00 01102-001
			99-00
			<i>[Signature]</i>

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

[Signature]

Date

11/20/00

Daytime Phone #

561-273-2203

Typed or printed name of signing Managing Member/Manager

Octavio Lima

[Signature]



January 5, 2001

State of Florida
Division of Corporations
Annual Report/Reinstatement Section
Attn: Tammi Cline
P.O. Box 6327
Tallahassee, FL 32314-6327

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: REINSTATEMENT CORRECTION FOR ARCHITECTURAL IMPRESSIONS, L.C.

Dear Tammi Cline:

Per our conversation yesterday, enclosed please find our reinstatement corrections for Architectural Impressions, L.C.

Also enclosed is a copy of our check that was mailed to you for our reinstatement with T.T. Highland Associates, Ltd., the check number was 308724, in the amount of \$252.50, (please see attached copy of check). The reinstatement fee for T.T. Highland Associates, Ltd., was \$52.50. The remaining \$200.00, should be applied to this reinstatement fee for Architectural Impressions, L.C.

If you should have any questions regarding this information, please contact Donna Pile at 800-275-1235 ext., 205.

Thank you for your time in this matter, I wait your reply.

Sincerely,

A handwritten signature in cursive script that reads "Deenie Ewing".

Deenie Ewing
Legal Assistant