

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

00101
CORPORATION
REINSTATEMENT



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

1042
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 19 AM 11:42

DOCUMENT # L94987

1. Corporation Name

VIOREL FLOREA ARCHITECT, P.A.

2. Principal Office Address

577213 ARBOR CLUB WAY - SAME -

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

BOCA RATON

City & State

Zip

33433

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/22/1990

5. FEI Number

650211811

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JENNIFER SMITH, C.P.A. VIOREL FLOREA

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

574018 ARBOR CLUB WAY 577213 ARBOR CLUB WAY

Suite, Apt. #, Etc.

City

BOCA RATON

State
FL

Zip Code

33433

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

V. Florea

Date 4/16/01

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	VIOREL FLOREA	577213 ARBOR CLUB WAY	BOCA RATON, FL 33433

10. 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:

V. Florea

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01

Date

561 392
2559

Daytime Phone #

CR2E081 (9/00)

2082

Viorel Florea, P.A.

A R T · A R C H I T E C T U R E & D E S I G N

577213 Arbor Club Way · Boca Raton · Florida 33433
Phone 561 392 2559 · Fax 561 417 0523

Wednesday, March 28, 2001

Division Of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: VIOREL FLOREA ARCHITECT, P.A.

Document No: L94987 Date Filed: 08/22/1990
New Business Address: Viorel Florea, P.A.
577213 Arbor Club Way
Boca Raton, FL 33433
Phone: (561) 392 2559
Fax: (561) 417 0523

Dear Sir or Madam:

I kindly request a one-time waiver of reinstatement fee for my Corporation indicated above. This reinstatement is due to a very unfortunate, in-office miscommunication between my registered agent and my secretary following the two changes of address of my office, that took place during the past year. Consequently, the renewal forms did not reach me through two changes of address, the fee was not paid and my corporation status has become inactive since September of last year.

My C.P.A. discovered my company's inactive status a few days ago, as she was filling my last year's corporate tax returns. I am taking immediate action to correct this situation and am enclosing a check# 1193 in the amount of \$300.00 with this letter, per my phone conversation of yesterday's with your staff.

I wholeheartedly appreciate your assistance in this matter and I thank you for your help.

Please do not hesitate to call me for with any questions.

Viorel V. Florea, President



Mobile phone: (954) 614 0496