

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR -7 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # p00000015077

1. Corporation Name

ARCHITECTURE AND INTERIORS INCORPORATED

W0466001146

2. Principal Office Address

1666 NE 123 STREET

Suite, Apt. #, etc.

3. Mailing Office Address

1666 NE 123 STREET

Suite, Apt. #, etc.

City & State

NORTH MIAMI, FL

City & State

NORTH MIAMI, FL

Zip

33181

Country

U.S.A.

Zip

33181

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

02/11/2000

5. FEI Number

65-0981058

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

ARMAND R. AUBERY

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

1666 N.E. 123 STREET

Suite, Apt. #, Etc.

400073994274

05/04/06--01022--025 **1508.75

City

NORTH MIAMI

State

FL

Zip Code

33181

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

REGISTERED AGENT MUST SIGN

Date

02/27/2006
12/12/2005

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
PD	ARMAND R. AUBERY	1666 N.E. 123 STREET	NORTH MIAMI, FL 33181

B-3h/04

REINSTATEMENT 04-06

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/27/2006

12/12/2005

305 893 1015