

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 16 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000015077**

1. Corporation Name

ARCHITECTURE AND INTERIORS INCORPORATED

Principal Place of Business

Mailing Address

2150 SANS SOUCI BLVD. #1402
NORTH MIAMI FL 33181

2150 SANS SOUCI BLVD. #1402
NORTH MIAMI FL 33181

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03

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. 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	4 City / State / Zip
D	AUBERY, ARMAND R	2150 SANS SOUCI BLVD. #1402	NORTH MIAMI FL 33181

600025513506
12/16/03--01012--023 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BLUM, SAMUEL SPENCER
2666 TIGERTAIL AVENUE SUITE 106
COCONUT GROVE FL 33133

Name

AUBERY, ARMAND R

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

2150 SANS SOUCI BLVD, #1402

Suite, Apt. #, Etc.

#1402

City

NORTH MIAMI

State

FL

Zip Code

33181

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 12/11/03

11. 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

ARMAND R AUBERY 12/11/03 305.893.1015

Date

Daytime Phone #

CR2E040 (7/03)