

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000063405

1. Entity Name  
ARCHITECTURAL DESIGN FORM GROUP  
CORPORATION



FILED

07 MAY 22 AM 9:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3021 SW 28 LN  
COCONUT GROVE, FL 33133

Mailing Address  
3021 SW 28 LN  
COCONUT GROVE, FL 33133

2. Principal Place of Business - No P.O. Box #  
6001 POWERLINE ROAD  
Suite, Apt. #, etc.

3. Mailing Address  
6001 POWERLINE ROAD  
Suite, Apt. #, etc.

City & State  
FT. LAUDERDALE, FL.

City & State  
FT. LAUDERDALE, FL.



REINSTATEMENT 06-07  
05/22/07 REINSTATEMENT 06-07

Zip  
33309

Country

Zip  
33309

Country

4. FEI Number  
22-3856356

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOZADA, LUIS E  
10849 SW 25 STREET  
DAVIE, FL 33324

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
LOZADA, LUIS E  
3021 SW 28 LN  
COCONUT GROVE, FL 33133

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☒ Change ☐ Addition  
10849 S.W. 25 STREET  
DAVIE, FL. 33324

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
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500103041735  
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05-17-07 954-5565238