

1092

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 FEB -9 PM 12:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000070972

**1. Corporation Name**

Architectural Imports & Specialty  
Products Inc

**2. Principal Office Address**

13015 SW 89 Ln

Suite, Apt. #, etc.

158

City & State

Miami, FL

Zip

33176

Country

USA

**3. Mailing Office Address**

same

Suite, Apt. #, etc.

11

City & State

Miami, FL

Zip

33176

Country

USA

REINSTATEMENT

**4. Date Incorporated or Qualified  
To Do Business in Florida**

06/26/03

**5. FEI Number**

☒ 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

Godofredo Perdomo

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

7840 SW 173 Terr.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33157

**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

2/8/06

**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
P	Godofredo Perdomo	7840 SW 173 Terr.	Miami, FL 33157
V	Silvia Perdomo	7840 SW 173 Terr.	Miami, FL 33157

**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 contained in Chapter 119, 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

2/8/06

Date

786-346-0532

Daytime Phone #

2082

**Architectural Imports & Specialty Products Inc**

13015 SW 89 Lane  
Miami, FL 33157

Department of State  
Division of Corporations  
P.O 6327  
Tallahassee, FL 32314

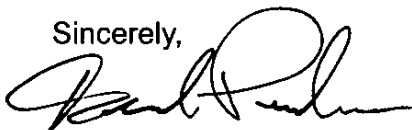
Re: Doc. #P03000070972

Dear Sirs;

Enclosed please find a check in the amount of \$450.00 to reinstate my corporation. I did not receive any notification in the mail for 2004, 2005 or 2006 by mail so I am asking that the penalty fee be waived because of this.

Thank you in advance for your time and consideration.

Sincerely,



Fred Perdomo  
President