


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10 DEC 30 PM 4:07  
**FILED**

**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT #** P03000111723

1. Corporation Name  
 Architectural Millwork Installations, Inc.

2. Principal Office Address - No P.O. Box # 644 Satalleaf Avenue Suite, Apt. #, etc.		3. Mailing Office Address 644 Satalleaf Avenue Suite, Apt. #, etc.	
City & State Oldsmar, Florida		City & State Florida, Oldsmar, FL	
Zip 34677	Country USA	Zip 34677	Country USA

600189098326  
 12/29/10--01033--010 \*\*908.75

CR2E081 (6/10)

4. Date Incorporated or Qualified To Do Business in Florida  
 10-7-03

5. FEI Number  
 30-0208674  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  
 Raymond V. Konec

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

Suite, Apt. #, Etc.

City  
 Oldsmar FL

State  
 FL

Zip Code  
 34677

**REINSTATEMENT**  
 2000-10

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 Raymond V. Konec Date 12-20-10  
 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
P	Raymond V. Konec	644 Satalleaf Avenue	Oldsmar, FL 34677
VTS	Betty D. Konec	644 Satalleaf Avenue	Oldsmar, FL 34677
			S. HAWKES
			DEC 30 2010
			EXAMINER

10. E-mail Address: millworkspecialist@gmail.com  
 (To be used for future annual report notification)

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. I further certify, 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:** Raymond V. Konec Date 12-20-10 813-854-1307  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #