


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000129204		
1. Entity Name ARCHITECTURAL KEYSTONE CORP.		

Principal Place of Business 14327 SW 139 COURT MIAMI, FL 33186	Mailing Address 14327 SW 139 COURT MIAMI, FL 33186
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2. Principal Place of Business 7319 NW 46 St.	3. Mailing Address 7319 NW 46 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami	City & State Miami
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Zip 33166	Country USA	Zip 33166	Country USA
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6. Name and Address of Current Registered Agent SOSA, NORY 9780 SW 62ND ST MIAMI, FL 33173		7. Name and Address of New Registered Agent Name Dianelys Morales Street Address (P.O. Box Number is Not Acceptable) 3641 NW 20 Street City Miami FL Zip Code 33142	
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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]* DATE **10/25/04**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP MORALES, DRANELYS 3641 N.W. 20 ST. MIAMI, FL 33142 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000042476800 11/04/04--01049--004 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* DATE **10/25/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
04 NOV -4 PM 5:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 098 (6/04) 04
4. FEE Number **51-0523478** Applied For Not Applicable

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