## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

OOK OKA TOLE	FLORIDA DEPARTMENT OF STATE	10 FEB 22 PM 1: 26
REINSTATEMENT	Secretary of State DIVISION OF CORPORATIONS	Max*
		SECRETARY OF STATE TALLAHASSEE. FLORIDA
DOCUMENT # P 04 0000	007386	IAELANASSEE, FEORIDA
1. Corporation Name		
ARCHITEXIURI	E INTERIORS,	
P compa	INC.	600170162666
	3. Mailing Office Address	600170162666 02/23/10-01002021 **750.00
2525 SW 3rd Ave	same	REINSTATEMENT 06-10
Suite, Apt. #, etc	Suite, Apt. #, etc.	4 Date Incorporated or Qualified A 1 2 2 2 1862
	City & State	To Do Business in Florida 01/08/2004
MIAMI-FL	•	5. FEI Number Applied For Not Applied For Not Applied For
Zip Country (1)Sn	Zip Country	6 \$9.75_0.ddistant 500 control
33129 USA		CERTIFICATE OF STATUS DESIRED  for a Certificate of Status
7. Name and Address of Current Registered Agent Name		· ·
JANE ZEITE	L -SALGADO	The reinstatement fee is imposed, except in
Street Address (P.O. Box Number is Not Acceptable)	Avenue	circumstances which the entity did not receive the prior notices. By checking this box, you
Suite, Apt. #, Etc	AURIUM	are certifying the prior notices were not received and requesting the reinstatement
<u>井(2)</u>	State 7:- Code	fee be waived.
MIAMI	State Zip Code FL 33129	
8. I, being appointed the registered agent of the above names corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.		
Signature of Registered Agent Auc Calif Lagado Date 2/9/10		
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	
P JANE ZET	TET 2525 (K) 3	DANE MIAMI FL 3312
VY CRISTINA M	1AYER 2525SW 3rd	ANE #1611 MIAMI FL 33129
	12	
(1) (A) (A)	()	
· '		
		au:
10 5 mail Add 0 70 Clair	texture. 2 @ gn	nail. com
10. E-mail Address: architexture. 2 @ 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 filling 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		
	ion has been eliminated, the corporate name satisfies t	he requirements of section 607.0401 or 617.0401. F.S., that all fees ` 🍪 🖺
owed by the corporation have been paid. I further certi- made under oath,		and accurate, and my signature shall have the same legal effect as if
made under oath.  SIGNATURE:		and accurate, and my signature shall have the same legal effect as if