

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CLERK OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # POS000004319
1. Corporation Name Architect Drywall System Corp.

REINSTATEMENT 06-07
CR2E081 (12/05)

2. Principal Office Address 5684 SW 130 AV 3. Mailing Office Address h
Suits, Apt. #, etc. h Suits, Apt. #, etc. h
City & State Miami, FL City & State h
Zip 33183 Country U.S.A Zip h Country h

4. Date Incorporated or Qualified To Do Business in Florida 1/10/05
5. FEI Number 70-2131657 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 Ramon Dominguez
Street Address (P.O. Box Number is Not Acceptable) 5684 SW 130 AV
Suits, Apt. #, Etc. h
City Miami, FL State FL Zip Code 33183

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 Ramon Dominguez Date 9/11/07
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	Ramon Dominguez	5684 SW 130 AV	Miami, FL 33183
Vp	Jose Tejeda	5684 SW 130 AV	Miami, FL 33183

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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: Ramon Dominguez Date 9/11/07 Daytime Phone # 786-443-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARCHITECT DRYWALL SYSTEM CORP
5684 SW 130 AVE
MIAMI, FL 33183

September 11, 2007

Florida Department of State
Division of Corporations

Re: **ARCHITECT DRYWALL SYSTEM CORP**
P05000004319

To Whom It May Concern,

As per my telephone conversation with your office, with this letter I am asking
that the penalty please be waived for the corporation. We did not receive notification in *add +*
add in the mail so thank you in advance for your time and consideration.

Sincerely,

Ramon Dominguez
Ramon Dominguez
President