

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2007 NOV -9 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

W07000053702

DOCUMENT # POS000120436

1. Corporation Name

TERRA ARCHITECTURE INTERIOR DESIGN
& PLANNING, INC.

2. Principal Office Address - No P.O. Box #

232 ANDALUSIA AVE.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite 230

Suite, Apt. #, etc.

SAME

City & State

CORAL GABLES, FL

City & State

SAME

Zip

33134

Country

US

Zip

SAME

Country

US

REINSTATEMENT 06-07

4. Date Incorporated or Qualified
To Do Business in Florida

JAN. 1, 2006

5. FEI Number

20-4743613

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

CARLOS RODRIGUEZ

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

800 Douglas Road

Suite, Apt. #, Etc.

North Tower, Suite 880

City

CORAL GABLES

State

FL

Zip Code

33134

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Carlos Rodriguez
REGISTERED AGENT MUST SIGN

Date 10.23.07

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	IGNACIO PERMY	3810 ALHAMBRA COURT	CORAL GABLES, FL 33134
D	MICHAEL WILBUR	2806 SEGOVIA ST.	CORAL GABLES, FL 33134

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10/23/07--01051--007 **1050.00

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:

Michael Wilbur

MICHAEL WILBUR, DIR.

10.23.07

305.445.2416

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/14/07