

APPLICATION  
FOR  
REINSTATEMENT



**FILED**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 1. Corporation Name } P94 000052809

G.L.S. ARCHITECTURE CO.

121 Southeast 1 Street  
Room 811  
Miami, FL 33131

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Room. 811  
Miami, Fl 33131

City & State  
Miami, Florida

Zip	Country	Zip	Country
		33156	USA

07/18/1994

65-0505517

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **\$8.75 Additional Fee required for a Certificate of Status**

1	2	3	4
Titles)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip

P	Jarsrosky, Marcos E.	121 Southeast 1 Street Suite 811	Miami, FL 33131
	TCROMARA LEE, P.A.	9100 S. Dadeland Fwvy Suite 704	Miami, FL 33156

000002531030==1  
-05/21/98--01008--007  
\*\*\*\$00.00 \*\*\*\$00.00

**REINSTATEMENT** 96-98

000002531030---1  
-05/21/98--01008--008

8. Name and Address of Current Registered Agent

TCROMARA LEE, P.A.  
9100 S. DADELAND FRWY., 704  
MIAMI, FL 33156

9. Name and Address of New Registered Agent:

Name \_\_\_\_\_

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

Suite, Apt. #, Etc. \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

\*\*\*\*\*58.00 \*\*\*\*\*50.00

FL 12/1/98

15. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Kiomara Lee*

REGISTERED AGENT MUST SIGN

Date 4.28.98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12 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 under section 119.07(3)(b), 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.

**SIGNATURES**

Norman Lee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.28.98

Date \_\_\_\_\_

## Nautila Puccia