

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000081414

1. Corporation Name

ARQUITECTONICA CLK, INC.

Principal Place of Business

3191 CORAL WAY, SUITE 608
MIAMI FL 33145

Mailing Address

3191 CORAL WAY, SUITE 608
MIAMI FL 33145

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

11/01/1994

5. FEI Number

65-0530968

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PD	CHU, RAYMOND L	3191 CORAL WAY, SUITE 608	MIAMI FL 33145
V	CHU, GATHY	3191 CORAL WAY, SUITE 608	MIAMI FL 33145

600002380116-1
-12/23/97-01025-017
****758.75 ****758.75

JB
12-22-97

8. Name and Address of Current Registered Agent

ANDREW L. MANN, P.A.
10001 W OAKLAND PARK BLVD
SUITE 200
SUNRISE FL 33351

9. Name and Address of New Registered Agent

Name

Andrew L. Mann, P.A.

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

4300 N. University Drive

Suite, Apt. #, Etc.

Suite C-203

City

Fort Lauderdale

State

FL

Zip Code

33351

10. 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

REGISTERED AGENT MUST SIGN

Date 12/15/97

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)(i), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAYMOND CHU

Date

11/25/97

Daytime Phone #

3054985758

CR2504 (9/97)