

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JAN 27 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P-94000090304**

1. Corporation Name

ASSOCIATED KEY ARCHITECTS INC.

2. Principal Office Address

2250 S.W. 3RD AVE

Suite, Apt. #, etc.

206

City & State

MIAMI, FLORIDA

Zip

33129

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

GA-2000

SP

4. Date Incorporated or Qualified
To Do Business in Florida

12/12/94

5. FEI Number

65060409

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

b. bernach

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

2250 S.W. 3RD AVE

Suite, Apt. #, Etc.

SUITE 206

City

MIAMI

State

FL

Zip Code

33129

400003119374-7

-02/01/00-01120-015

******900.00 ****900.00**

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

[Signature]

Date **1/24/00**

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	BIENVENIDO BERNACH	2250 S.W. 3RD AVE #206	MIAMI, FLORIDA 33129
S	BIENVENIDO BERNACH	2250 S.W. 3RD AVE #206	MIAMI, FLORIDA 33129
VP	ROLAND REYLL	2250 S.W. 3RD AVE #206	MIAMI, FLORIDA 33129

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 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] **BIENVENIDO BERNACH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/24/00 (205) 888-6161

Date

Daytime Phone #

CR2E081 (9/99)