3. Mailing Office Address

DOCUMENT #

2. Principal Office Address

1. Corporation Name
THE LANGARCHITECTURAL BROWNING.

00 MAR -6 PM 1:00

SECRETARY OF STATE TALLATIASSEE. PLORIDA

FL

398 V	N CAMIN	NO GAPPIENS F	LVÞ.	SAME AS			
Suite, Apt. #, etc.			Suite, Apt. #, etc. HAX Z		CONTRACTOR OF THE PARTY OF THE		
SUITE 201					4. Date Incorporated or Qualified To Do Business in Florida		
City & State			City & State		5_FELNumber	01-11.	Applied For -
DOCA FATON					65-0723210		Not Applicable
334	32	FALM BEACH	Zip · ' , ' \bar{t} .	Country	6. CERTIFICATE OF STAT	US DESIRED \$8.75	Additional Fee require Certificate of Status
AT ATTEMPT OF A ST	7. Name and Address of Current Registered Agent						L SA
	Name DAVALD HEADDAN LANG				• "		
	Street Andress (P.O. Box Number is Not Accept			4000 316973 -03/14/000110			7 94+-5 107 0 23
	Suite, Apt.	#, Etc.	<u>-</u> <u>-</u> -			****300.00	****300.00
	City	· · · · · · · · · · · · · · ·			State	Zip Code	

8. 1, being appointed th d corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S Date _ 02.29.2000 Signature of Registered Agent EFED AGENT MUST SIGN

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

Street Address of Each Name of Titles City / State / Zip Officers and/or Directors Officer and/or Director

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 pnames 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 ame legal effect as if made under oath.

SIGNATURE:

OFFICER OR DIRECTOR

2

THE LANG ARCHITECTURAL GROUP, INC. ARCHITECTURAL GROUP, INC.

398 WEST CAMINO GARDENS BOULEVARD., SUITE 207, BOCA RATON, FLORIDA 33432 PHONE 561-750-0036 * FAX 561-750-3977 * E-MAIL LANGARCHGR*AOL.COM

February 29, 2000

Michell Miligan **DEPARTMENT OF STATE**P.O. Box 6327

Tallahassee, Florida 32314

RE: REINSTATEMENT OF CORPORATION

Dear Michell:

1. I am sending a completed application along with a check in the amount of \$300.00 for reinstatement of my corporation. The renewal was sent to my old address and I did not receive any other notice from the State. Please send all of my new correspondence to the address noted above. Thank you for your time and attention in this matter.

Please feel free to call me if you have any questions regarding the above.

By: Donald Headdon Lang A.I.A.