

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000025019**

1. Corporation Name

ARCHITECTURAL CAD PRODUCTIONS, CORP.

Principal Place of Business

9635 S 138TH AVE
MIAMI FL 33186
US

Mailing Address

9635 S 138TH AVE
MIAMI FL 33186
US

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

2. New Principal Office Address, If Applicable

4625 N.W. 99TH AVENUE

Suite, Apt. #, etc.

#107

City & State

MIAMI FLORIDA

Zip

33178

Country

DADE

3. New Mailing Office Address, If Applicable

4625 N.W. 99TH AVENUE

Suite, Apt. #, etc.

#107

City & State

MIAMI FLORIDA

Zip

33178

Country

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

03/17/1997

5. FEI Number

65-0741667

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
P	LEGER, MICHELLE	9635 SW 138TH AVE	MIAMI FL 33186
P	LEGER, MICHELLE	4625 N.W. 99TH AV. #107	MIAMI FL 33178
			900003068539--1
			-12/13/99--01136--013
			****758.75 ****758.75

REINSTATEMENT 99 1TS

8. Name and Address of Current Registered Agent

LEGER, MICHELLE
9635 SW 138TH AVE
MIAMI FL 33186

9. Name and Address of New Registered Agent

Name **MICHELLE LEGER**
Street Address (P.O. Box Number is Not Acceptable)
4625 N.W. 99TH AVENUE
Suite, Apt. #, Etc.
#107
City **MIAMI** State **FL** Zip Code **33178**

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

Michelle Leger
REGISTERED AGENT MUST SIGN

Date **11/23/99**

11. 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:

Michelle Leger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/23/99 (305) 594 4643
Date Daytime Phone #
2-(305) 951-2880