

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 12 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 9800001596

1. Corporation Name

Archit-Plans Corporation

2. Principal Office Address

10300 SW Sunset Drive

3. Mailing Office Address

7115 S.W. 105 CT

Suite, Apt. #, etc.

Suite 470 E

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33173

Country

USA

Zip

33173

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/1/98

5. FEI Number

650804408

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

MARIA G JARAMILLO

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

7115 S.W. 105 CT

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33173

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]

REGISTERED AGENT MUST SIGN

Date

1/15/04

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
PSD	MARIA G JARAMILLO	7115 SW 105 CT	Miami FL 33173
VPSD	Julian Verdeja	7115 SW 105 CT	Miami FL 33173

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/15/04

Daytime Phone #

(301) 596-7022

CR2E081 (10/02)

ARTHIT PLANS CORPORATION

10300 S.W. Sunset Drive, Suite 470 E- Miami Fl 33173 -Phone (305) 596-7022

January 15, 2.004

DEPARTMENT OF STATE
Division of Corporation
P.O. Box 6327
Tallahassee Fl 32314

Dear Srs:

In doing some modification to the IRS, my accountant realized that the Renewal Corporation was not paid due to the fact that the information was sent to the old address.

I have changed the address since August 1.999 and because I have continuously received mail from IRS., paying the Renewal occupational license and other, I never thought an important State Division would still have the old mailing address.

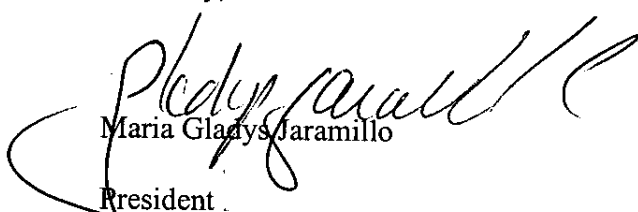
Attached is check No. 1249 for \$750.00 to pay for the Corporation's renewal for 2.000, 2.001, 2003 and 2.004 and check No. 1250 for \$8.75 for the Certificate of Status. I Highly appreciate the possibility to waive the penalty fee. I usually comply with the government's regulation. Feel free to request any documentation as proof like the monthly tax payment, forms 941, forms uct-6 etc.

Please update our mailing address :

7115 S.W 105 Ct
Miami Fl 33173

Thank you very much for your kind attention. I look forward to hearing from you.

Sincerely,


Maria Gladys Jaramillo

President