

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 11 PM 3:32

DOCUMENT # P98000010952

1. Corporation Name

ARCHITECTUAL INSTALLERS, INC.

Principal Place of Business

1499 SW 2ND AVENUE  
POMPANO BEACH FL 33060

Mailing Address

1499 SW 2ND AVENUE  
POMPANO BEACH FL 33060



REINSTATEMENT

99-00

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

2. New Principal Office Address, If Applicable

26356 NADIR RD

Suite, Apt. #, etc.

Apt #102

City & State

Punta Gorda, FL

Zip 33983

Country

U.S.

3. New Mailing Office Address, If Applicable

26356 NADIR RD

Suite, Apt. #, etc.

Apt 102

City & State

Punta Gorda, FL

Zip 33983

Country

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

02/03/1998

5. FEI Number

65-0810598

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	City / State / Zip
1	2	3	4
D	LUNDELL, ROBERT	1499 SW 2ND AVENUE	POMPANO BEACH FL 33060
D	Lundell, Robert	26356 NADIR RD Apt 102	Punta Gorda, FL 33905
			700003405197--2 -09/26/00--01103--002 ****750.00 ****750.00
			700003405197--2 -09/26/00--01103--003 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

LUNDELL, ROBERT  
1499 SW 2ND AVENUE  
POMPANO BEACH FL 33060

9. Name and Address of New Registered Agent

Name Robert Lundell  
Street Address (P.O. Box Number is Not Acceptable)  
26356 NADIR ROAD Apt 102  
Suite, Apt. #, Etc.  
Apt 102  
City Punta Gorda  
State FL  
Zip Code 33983

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

SIGNATURE REQUIRED

Date 7/10/00

REGISTERED AGENT MUST SIGN

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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/00  
Date

954-592-1808  
Daytime Phone #

CR2E040 (8/99)