PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COF	RPORATION	Kath Secr	PARTMENT OF STATE serine Harris etary of State of Corporations	,	FILED 01 JUL 16 AM II:	10
DOCUMENT # P9900017492 1. CORPORATION NAME ADVANCED ARCHITECTURAL SERVICES INC.					SECRETARY OF STA TAULAHASSEE, FLORI	TE DA
		-				
2. Principa 名山つ	NE 15 AUE.	3. Mailing Office Address				
Suite, Apt. #		Suite, Apt. #, etc.	ME			
#5					orporated or Qualified usiness in Florida T- 77 100 (
City & State	() <u></u> (City & State		5. FEI Numb		
Zip	LAND PARK, FL	Zip	Country	-	65-0908509 Not Applica	
333	34 BROWARD		·	6. CERTIFICAT	ATE OF STATUS DESIRED 58.75 Additional Fee requirements of State o	
7. Name and Address of Current Registered Agent						
	MICHEUE	PIZZIFER	2RI		1	
Street Address (P.O. Box Number is Not Acceptable)					·	
	Sulte, Apt. # Etc.	12 -				
	City City	PARK)	,		State Zip Code	,
,	•	<u> </u>			FL 33334	=======================================
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 McKelle Harriery					Date 7/13/01	_ [
REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 di					/ '	┩
Titles	Name of .	or Director (Florida n	onprofit corporations must list at le Street Address of Each			
_	Officers and/or Directors		Officer and/or Director	<u> </u>	City / State / Zip	_
-:P	MICHELLE KIZZIFE	err 3	421 NE 15 AUG	5.*5	DAKLAND PARK FC	~ -
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10 Lough), that Lory or effects or the market surface are truly and the surface truly and the surface are truly and truly are truly are truly and truly are truly are truly and truly are truly are truly are truly and truly are trul						
10. I cartify 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 signeture shall have the same legal effect as if made under cath.						
SIGNATURE: Michelle Pizziferri President 7/13/01 954-565-6332 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daylor Phone # Devicino Phone #						