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
01 OCT 29 PM 5:00

DOCUMENT # P99000036306

1. Corporation Name

ARCHITECTURE DESIGN REPRODUCTION, INC.

Principal Place of Business	Mailing Address
3315 SW 97 AVE MIAMI FL 33165	3315 SW 97 AVE MIAMI FL 33165

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/19/1999

5. FEI Number: 65-0915107 ☐ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	BIASCO, VIVIAN	3315 SW 97TH AVE	MIAMI FL 33165

600004685056--0
-11/16/01--01046--013
****150.00 ****150.00

AS 11/14

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
BLASCO, VIVIAN 3315 SW 97 AVE MIAMI FL 33165	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/01)

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: M Blasco — Date: 10-31-01
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: M Blasco — 10-31-01 — 786-525-7328
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

OCT. 23, 2001

DEPT. OF STATE
DIV. OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

RE: REINSTATEMENT OF THE CORPORATION
ARCHITECTURE DESIGN REPRODUCTION, INC.
FEI NO. 65-0915107

DEAR SIR/MADAM;

I RECEIVED THE ENCLOSED REINSTATEMENT FORM. I WAS NOT AWARE THAT THE CORPORATION HAD BEEN REVOKED. I HAVE NOT RECEIVED THE 2001 CORPORATION ANNUAL REPORT/ UNIFORM BUSINESS REPORT FORMS. I CALLED YOUR OFFICE AND THE CLERK WAS VERY HELPFUL.

SO, AS PER HER INSTRUCTIONS, I AM ENCLOSING A CHECK FOR $150.00 AND THE REINSTATEMENT FORM. I HOPE THAT YOU CAN HELP ME WITH THIS MATTER. IF YOU HAVE ANY QUESTION OR REQUIRE ANY ADDITIONAL INFORMATION, PLEASE CALL ME AT (786)525-7328.

THANKING YOU IN ADVANCE FOR
ANY HELP OR CONSIDERATION.

SINCERELY,

Blasco

VIVIAN BLASCO