

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JUN 11 PM 12:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000058819

1. Corporation Name

DOMUS ARCHITECTURE CORP.

2. Principal Office Address

C/O SWOPE LAMBERSON

Suite, Apt. #, etc.

8955 FONTANA DEL SOL WAY

City & State

NAPLES, FL

Zip

34109

Country

3. Mailing Office Address

C/O SWOPE LAMBERSON

Suite, Apt. #, etc.

P.O. BOX 111419

City & State

NAPLES, FL

Zip

34108-0124

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

6/29/99

5. FEI Number

59-3584939

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

LAMBERSON, JANE E.

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

8955 FONTANA DEL SOL WAY

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34109

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

JANE E. LAMBERSON

Date

4/25/03

REGISTERED AGENT MUST SIGN

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 Officers and/or Director	City/State/Zip
PSTD	LAMBERSON, JANE E.	8955 FONTANA DEL SOL WAY	NAPLES, FL 34109

300020780013  
06/11/03 01056-007 \*\*150.00

300020780013  
06/11/03 01056-008 \*\*150.00

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: JANE E. LAMBERSON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4/25/03

Date

239-262-0170

Daytime Phone #

June 5, 2003

To Whom it May Concern:

We spoke to your office in April and were told that since we did not receive our UBR due to an incorrect address that all we would need to do was write a letter and mail in the \$150.00 payment and that all late fees and penalties would be waived. We did write the letter and mail the checks certified mail. Enclosed is our receipt from the certified mail. This is the second time your office has returned our checks. Were we incorrectly informed by your office? Thank you for your attention to this matter.

Sincerely,

Domus Architecture, Inc.