

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

07 DEC -2 PM 3:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000105069

1. Corporation Name

ART & ARCHITECTURE DESIGN, INC

12-407 Jy

2. Principal Office Address: No P.O. Box #

5714 Parker Avenue

3. Mailing Office Address

P.O. Box 144756

Suite Apt # etc.

Suite Apt # etc.

City & State

West Palm Beach, FL

City & State

Coral Gables, FL

Zip

33405

Country

USA

Zip

33114

Country

USA

CR2E081 (1/07)

REINSTATEMENT 03-07

4. Date Incorporated or Qualified  
To Do Business in Florida

12/01/1999

5. FEI Number

65-0974178

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

Diego Garcia

5714 Parker Avenue

West Palm Beach

State  
FL

33405

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Diego A. Garcia

REGISTERED AGENT MUST SIGN

Date 11-30-07

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
PTD	LEONOR A. SILVA	2703 SUMMER WIND DR	WINTER PARK FL 32792
VSD	DIEGO GARCIA	5714 PARKER AVENUE	WEST PALM BEACH FL 33405
			10/25/07 - 01041 - 013 \$750.75

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 contained in Chapter 119, 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

Diego A. Garcia

11-30-07

Date

305 766 6988

Daytime Phone #