

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

CORPORATION REINSTATEMENT



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

00 JAN 27 PM 1:12

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # S47277

1. Corporation Name

Architectural Complements, Inc.

2. Principal Office Address

8805 Tamiami Trail

Suite, Apt. #, etc.

203

City & State

Naples, FL

Zip

34108

Country

USA

3. Mailing Office Address

8805 Tamiami Trail

Suite, Apt. #, etc.

203

City & State

Naples, FL

Zip

34108

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

4/23/91

5. FEI Number

65-0274876

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 07-09

7. Name and Address of Current Registered Agent

Name

Spyridon C. Diogenes

900003121358

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

800 Shadow Lake Lane

-02/02/00-01071

Suite, Apt. #, Etc.

***1208.75 ***1208.75

City

Naples

State

FL

Zip Code

34108

8. I, being appointed the registered agent of the above named corporation, am familiar with and expect the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

SC Diogenes

REGISTERED AGENT MUST SIGN

Date

1/19/00

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
PD	Diogenes, Spyridon C.	800 Shadow Lake Lane	Naples, FL 34108
VSTD	Fothergill, John	800 Shadow Lake Lane	Naples, FL 34108

LS

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)(l), 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:

John E. Fothergill Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John E. Fothergill Jr.

1/19/00

Date

941-5914607

Daytime Phone #