PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT	DA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	10 DEC 13 AM II: 14 SECRELARY OF STATE TALLAHASSEE FLORIDA
DOCUMENT # 741809 1. Corporation Name		TALLAHASSEE FLORIDA
Decorative Artists of Jacksonville, Inc.		
Principal Office Address - No P.O. Box # 3. Mailing Office Address		REINSTATEMENT 09-10
	12 Burpee Drive	12/3 to 14/
Suite, Apt. #, etc. Suite, Apt	#, etc.	4. Date Incorporated or Qualified To Do Business in Florida 02/24/1978
City & State City & Sta	ksonville, FL	5. FEI Number Applied For
Zip Country Zip	Country	59-179532 Not Applicable
32210 U.S.A. 32	210 U.S.A.	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent Name		400163936014 12/24/0901006024 **96.25
Johnel K. Martin Street Address (P.O. Box Number is Not Acceptable)		127 2 47 00 01006 024 ** 315 .25
2012 Burpee Drive Suite, Apt. #. Etc.		40010000014
City State Zin Code		4001 63936014 12/13/1001006009 ***236.25
Jacksonville	FL 32210	
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 W. Martin Date 12/10/10		
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 for Directors	Street Address of Each Officer and/or Director	
D Velora Wesch 1335 Journey's End Lane Jacksonville, FL 3222		
VPD Johnel K. Martin 2012 Burpee Drive Jacksonville, FL 32210		
TD Nell Dixon	8493 Ruckman F	lvenue Jacksonville, FL 32221
VPD Therese Zamoiski	8501 Rock Knoll	Drive Jacksonville, FL 32221
SD Terri French 1547 Quail Roost		+ Lane Jacksonville, FL 32220
10. E-mail Address: johnelsbkr1@aol. Com (To be used for future annual report notification)		
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. I further certify, 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 Date Daytime Phone #		