PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P02000080657

1. Corporation Name

DECADENCE A LA CARTE, INC.

Principal Place of Business

Mailing Address

1731 NE 50TH AVENUE OCALA FL 34470 1731 NE 50TH AVENUE OCALA FL 34470 FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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				rect information and enter correction below. Mailing Office Address, If Applicable pt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 07/24/2002 5. FEI Number Applied For			7-7	
City & Stat	ė		City & State						Not Applicable	
Zip Country			Zip Cour		Country	y CERTIFICATE OF STA		ATUS DESIRED S8.75 Additional Fee required for a Certificate of Status		
7. Names	and Street Ad	dresses of Each Officer an	d/or Director (Flo	orida nonprofit	corporations must list at i	east 3 directors)				
Title(s)	Name of Officers and/or Directors			Street Address of Ea Officer and/or Direct						
PD	WATERS-DINGES, CINDY J			1731 NE 50TH AVENUE		OCALA FL 34470				
						6C 10/16.	00235 70301084	362296 008 **1	3 50.00	
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent				
1731 N	rs-dinges, IE 50th ave A FL 34470		-		Street Address	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code				
OCALA	A FL 34470		ove named corp	oration, am far	City					

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 filling this reinstaltement 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

SIGNATURE:

Signature of

Registered Ager

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

10.13.03

352-207-8189

Daytime Phone #

10.13.03

To whom it may concern:

I, Cindy Dings, have never received any information concerning the fees for reinstatement. The letter that I received on October 8, was the first. I started my corporation in July of last year. Prior to this letter I had no knowledge of a corporation fee each year. Please except payment of \$150.00 to reinstate my corporation.

Condy Oinges

Thank you,