

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
The line for the  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 OCT 27 PM 5:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000053247

1. Corporation Name

DECY ENTERPRISES, INC.

Principal Place of Business

Mailing Address

C/O ANDREW AKERS  
181 W STOVIN AVE  
WINTER PARK FL 32789

C/O ANDREW AKERS  
181 W STOVIN AVE  
WINTER PARK FL 32789



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
5574 BERMUDA JONES CIR.  
Suite, Apt #, etc.

3. New Mailing Office Address, If Applicable  
5574 BERMUDA JONES CIR.  
Suite, Apt #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

06/15/1998

City & State  
LAKE WORTH, FL.

City & State  
LAKE WORTH, FL.

Zip  
33463

Country  
PALM BEACH

Zip  
33463

Country  
PALM BEACH

5. FEI Number

59-3528063

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PRES	DORESE AKERS	5574 BERMUDA JONES CIR	LAKE WORTH, FL. 33463
SEC.	SHeldon AKERS	" " " "	" " " "
TREAS.			

100003035901--1

-11/05/99-01013--018

\*\*\*\*158.75 \*\*\*\*158.75

8. Name and Address of Current Registered Agent

AKERS, ANDREW  
181 W STOVIN AVE  
WINTER PARK FL 32789

9. Name and Address of New Registered Agent

Name DORESE AKERS

Street Address (P.O. Box Number is Not Acceptable)  
5574 BERMUDA JONES CIR.  
Suite, Apt. #, Etc.

City LAKE WORTH

State FL

Zip Code 33463

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

Date

REGISTERED AGENT MUST SIGN

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 taxes 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:

*Dorese Akers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DORESE AKERS Pres.

Date

Daytime Phone #

10/25/99 561  
966-5856

**DECY ENTERPRISES, INC.**

**5574 Bermuda Dunes Circle  
Lake Worth, Florida 33463  
Telephone 561-966-5856**

Kathrine Harris  
Florida Department Of State  
Reinstatement Section  
P.O. Box 6327  
Tallahassee Fl. 32314-6327

Dear Ms. Harris

I am writing to you in response to the enclosed form I received for Dissolution of Corporation and a telephone conversation that I had with an associate in your department.

I have moved my office from it's temporary location at 181 . West Stovin Ave. Winter Park, Fl. To Lake Worth Fl. Federal mail has been forwarded but nothing from the state. This is a small start up company without any employees and as yet no Florida accountant. I know " Ignorance of the law" is not a valid excuse, but, in this situation that is just the case.

I am enclosing an application for reinstatement and a check for \$150.00 for filing fee. Any further communications please send to the address above.

Respectfully,

  
Dorese Akers