

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 # 484314

1. Corporation Name

DECOR COORDINATES, INC.

Principal Place of Business

1550 LATHAM RD.,STE.7
WEST PALM BEACH FL 33409

Mailing Address

1550 LATHAM RD.,STE.7
WEST PALM BEACH FL 33409

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/12/1975

5. FEI Number.

59-1621519

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PST	FERRARO, ANGELO T.	1221 EAST MOUNTAIN DR.	WEST PALM BEACH FL
PST	Joseph ferraro	1221 East Mountain Dr	West Palm Bch FL 33406

8. Name and Address of Current Registered Agent

FERRARO, ANGELO
1550 LATHAM ROAD
WEST PALM BEACH FL 33409

9. Name and Address of New Registered Agent

Name

Joseph Ferraro

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

1550 E. LATHAM RD.

Suite, Apt. #, Etc.

6, 7 WPR FL 33409

City

WPB FL

State

FL

Zip Code

33406

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. I certify that I am an officer or director of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REINSTATEMENT 03



800023766998

10/14/03--01002--011--**158.75

850 FILED
03 OCT 13 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2040 (7/03)



Decor Co-ordinates Inc.

10-9-03

To Whom it May Concern:

Re: Document # 484314
Requesting Reinstatement.

Due to the Death of my father Angelo ferraro
I have become President of Decor co ordinates.
As you can see we have been in business since
1975. Please be advised that I have not
Received any Paper work Prior to this
Cancellation notice. If at all possible I am
asking for the fee to be waived.
I have enclosed a check for \$158.75..

Please feel free to contact me at
561-683-7700 for any Additional Information.

Sincerely,

Joseph Ferraro