

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 NOV 28 PM 2:51

SECRET
TALLAHASSEE

DOCUMENT # 564848

1. Corporation Name

Plaza Paint & Decorating Centers, Inc.

2. Principal Office Address
1296 SW 34th St.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Palm City

City & State
FL

Zip
34990

Country
Martin

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida 12/27/77**

5. FEI Number
59-1794311

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays St.

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

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

Maurice Cull
REGISTERED AGENT MUST SIGN

Date 11/16/06

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
CEO	CHARLES SIGLAIN	51 Chestnut Ridge Rd.	Montvale, NJ 07645
P	PAUL R. RENN	51 Chestnut Ridge Rd.	Montvale, NJ 07645
S	JOANN GLACCUM	51 Chestnut Ridge Rd.	Montvale, NJ 07645
T	EDWARD G. KLEIN	51 Chestnut Ridge Rd.	Montvale, NJ 07645
D	DENIS S ABRAMS	51 Chestnut Ridge Rd.	Montvale, NJ 07645
D	DONALD E. DEVINE, II	51 Chestnut Ridge Rd.	Montvale, NJ 07645

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 contained in Chapter 119, 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:

Ms. Joann Glaccum, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/06

Date

201-490-6260

Daytime Phone #