PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 DEC 13 AM 11:14

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 741809

1. Corporation Name

Decorative Artists of Jacksonville, Inc.

REINSTATEMENT 09-10
12/13/10

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2012 Burpee Drive	2012 Burpee Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32210 Country: U.S.A.	Zip: 32210 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 02/24/1978

5. FEI Number: 59-1795321 ☐ 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: Johnel K. Martin

Street Address (P.O. Box Number is Not Acceptable): 2012 Burpee Drive

Suite, Apt. #, Etc.:

City: Jacksonville State: FL Zip Code: 32210

400163936014
12/24/09--01006--024 **96.25

400163936014
12/13/10--01006--009 **236.25

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: Johnel K. Martin Date: 12/10/10
REGISTERED AGENT MUST SIGN

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
PD	Velora Wesch	1335 Journey's End Lane	Jacksonville, FL 32223
VPD	Johnel K. Martin	2012 Burpee Drive	Jacksonville, FL 32210
TD	Nell Dixon	8493 Ruckman Avenue	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: Johnel K. Martin, Johnel K. Martin, Vice President 12/10/10 (904) 710-8218
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #