FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAR -7 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 813657

1. Corporation Name
AMERICAN DECAL & MFG. CO.

REINSTATEMENT 98-03

2. Principal Office Address	3. Mailing Office Address
6085 E. Irlo Bronson	Memorial Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St, Cloud, Florida 34771	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 1/1/1959

5. FEI Number: 36-0724670 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED: X

7. Name and Address of Current Registered Agent

Name: Sean Bogle, Esq.

Street Address (P.O. Box Number is Not Acceptable): 706 Turnbull Avenue

Suite, Apt. #, Etc.: Suite 203

City: Altamonte Springs | State: FL | Zip Code: 32701

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: _____ (REGISTERED AGENT MUST SIGN) Date: 2/27/03

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
P	Aristotelis P. Mpougas	6085 E. Irlo Bronson Hwy	St. Cloud, FL 34771

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 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: ARISTOTELIS MPOUGAS _____ 2/27/03 843 8830471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E081 (12-02)