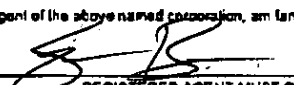
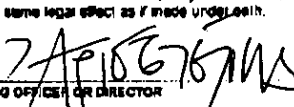


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT-# 813657 1. Corporation Name AMERICAN DECAL & MFG. CO.			
2. Principal Office Address 6085 E. Irlo Bronson		3. Mailing Office Address Memorial Hwy	
State, Apt. #, etc.		State, 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	
6. CERTIFICATE OF STATUS DESIRED ☒		Applied For Not Applicable	
7. Name and Address of Current Registered Agent			
Name Sean Bogle, Esq.			
Street Address (P.O. Box Number is Not Acceptable) 706 Turnbull Avenue			
State, 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 607.0503 or 617.0603, F.S.			
Signature of Registered Agent 		Date 2/27/2003	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	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 507 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	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 2/27/03	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 98-03

CREATED 11/2/02

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