

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC 26 AM 10:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F00000002914

1. Corporation Name

DEComp Composites, INC.

2. Principal Office Address

2541 W. Dunnellon Rd

Suite, Apt. #, etc.

City & State

Dunnellon, FL

Zip

34434

Country

USA

3. Mailing Office Address

2541 W. Dunnellon Rd

Suite, Apt. #, etc.

City & State

Dunnellon, FL

Zip

34434

Country

USA

REINSTATEMENT 02-07

4. Date Incorporated or Qualified  
To Do Business in Florida

5/24/2002

5. FEI Number

73-1395009

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

FRANK DESENA

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

2181 N. PILOT POINT

Suite, Apt. #, Etc.

City

CRYSTAL RIVER

State

FL

Zip Code

34429

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

*Frank DeSena*

REGISTERED AGENT MUST SIGN

Date 12/24/2003

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip      |
|--------|--------------------------------------|---|-------------------------|
| P      | MARY G DESENA                        | 2181 N. PILOT POINT                               | CRYSTAL RIVER, FL 34429 |
| ST-    | FRANK J. DESENA                      | 2181 N. PILOT POINT                               | CRYSTAL RIVER, FL 34429 |
|        |                                      |   |                         |
|        |                                      |   |                         |
|        |                                      |   |                         |
|        |                                      |   |                         |

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: FRANK J. DeSena

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-24-03 (352) 465-2225

Date

Daytime Phone #

CR2E081 (10/02)

Decomp Composites, Inc.  
Rt. 4 Box 4460 Cleveland, OK 74020  
(918) 358-5881 Fax: (918) 358-3750  
[decomp407@aol.com](mailto:decomp407@aol.com)

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Per Cathy in your Corporate Department, since the 2003 notice was returned undeliverable the \$600.00 fine will be waived. Enclosed please find \$150.00 payment for 2003 and a prepayment in the amount of \$150.00 for 2004. If further information is required please call Sonya DeSena at (918) 358-5881.

Sincerely,

A handwritten signature in black ink, appearing to read 'Sonya R. DeSena', written over a horizontal line.

Sonya R. DeSena  
Controller