

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F02000002102

1. Corporation Name

DECO, INC.

DECO SECURITY SERVICES INC.

2. Principal Office Address - No P.O. Box #

13850 Bluestem Ct

Suite, Apt. #, etc.

Suite 100

City & State

Baxter MN

Zip

56425-6028

Country

Crow Wing

3. Mailing Office Address

13850 Bluestem Ct

Suite, Apt. #, etc.

Suite 100

City & State

Baxter MN

Zip

56425-628

Country

Crow Wing

7. Name and Address of Current Registered Agent

Name

C T Corporation

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Jeanne Nelson

REGISTERED AGENT MUST SIGN

Jeanne Nelson
Assistant Secretary

Date

2/17/10

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 |
|--------|--------------------------------------|---|--------------------|
| Pres | Derek Dorr | 13850 Bluestem Ct #100 | Baxter MN 56425 |
| CEO | Robert Dorr | 13850 Bluestem Ct #100 | Baxter MN 56425 |
| CFO | Thomas Buckingham | 13850 Bluestem Ct #100 | Baxter MN 56425 |
| | | | |
| | | | |
| | | | |

10. E-mail Address: tbuckingham@deco-inc.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 807.0401 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:

Thomas J Buckingham

Thomas J Buckingham/Director 2/16/10

2188243326

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 MAR -8 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02/23/10--01002--001 **1658.75

REINSTATEMENT 03-10

4. Date Incorporated or Qualified
To Do Business in Florida 04-23/2002

5. FEI Number
41-1919049

Applied For

Not Applicable

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

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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