

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAY -7 PM 12:06

DOCUMENT # F30699

1. Corporation Name
Decker Instruments, Inc.

2. Principal Office Address
2118 Fort Christmas Rd.
Suite, Apt. #, etc.

3. Mailing Office Address
2118 Fort Christmas Rd.
Suite, Apt. #, etc.

City & State
Christmas FL.
Zip
32709
Country
Orange

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Christmas FL.
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REINSTATEMENT 99-01

4. Date Incorporated or Qualified To Do Business in Florida
04-15-1981

5. FEI Number
59-2159657
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
Shannon E. Decker
Street Address (P.O. Box Number is Not Acceptable)
2118 Fort Christmas Rd.
Suite, Apt. #, Etc.
City
Christmas
State
FL
Zip Code
32709

400004314764
-05/24/01--01036--004
*****1050.00 ***1050.00**

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 **Shannon E. Decker** Date **APR 1 2001**
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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
PDT	Shannon E. Decker	2118 Fort Christmas Rd	Christmas FL 32709
VSD	Sonia M. Decker	5518 Lejeune Dr.	Orlando FL 32808
			\$R 5/22

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 **Shannon E. Decker** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **APR 1 2001** Daytime Phone #

CR2E081 (9/00)