

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN 12 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **996868**

1. Corporation Name

SMILE DECORATIONS INC.

REINSTATEMENT 04-10

300165912473
01/12/10--01026--008 **1050.00

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #
8277 N.W. 66 ST.

3. Mailing Office Address
8277 N.W. 66 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI, FL

Zip

33166

Country

U.S.A.

Zip

33166

Country

U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

04-19-1984

5. FEI Number

592424023

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

JIA JEN CHEN

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

3442 N.W. 2ND ST.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33125

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.

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

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
pd.	JIA JEN CHEN	3442 N.W. 2ND ST.	MIAMI, FL 33125

JC 1/14

10. E-mail Address:

(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 607.0401 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:

Jia Jen Chen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-11-2010

Date

786-262-4496

Daytime Phone #