

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 APR -2 PM 12:07

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # K45295

1. Corporation Name

DECORATIVE FABRIC OF BOCA, INC.

Principal Place of Business

Mailing Address

REINSTATEMENT 115-971

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

9658D BOCA GARDENS PKWY 9658D BOCA GARDENS PKWY

11/15/1988

Suite, Apt. #, etc

Suite, Apt. #, etc

5. FEI Number

65-0094693

Applied For

Not Applicable

City & State

City & State

BOCA RATON, FL 33496

BOCA RATON, FL 33496

Zip

USA

Zip

USA

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D/P	MARIUS BELANGER	9658D BOCA GARDENS PKWY	BOCA RATON, FL 33496
D/S	JEANNINE BELANGER	9658D BOCA GARDENS PKWY	BOCA RATON, FL 33496

200002002032-5
 -04/07/99-01000-011
 ***1200.00 ***1200.00

8. Name and Address of Current Registered Agent

JEANNINE BELANGER
9658 D BOCA GARDENS PKWY
BOCA RATON, FLORIDA 33496

9. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc _____
 City _____ State _____ Zip Code _____

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date **3-31-99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes No

(See other side for information on intangible tax)

12. 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)(c), 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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-99
 Date

(954) 784-4388
 Daytime Phone #

CP2E081 (12/98)