PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 OCT 24 AM 11:55

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000002398

1. Limited Liability Company's Name
DECA, LLC

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
3251 Ross Clark Circle, NW	PO BOX 1967
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DOTHAN, ALABAMA	City & State: DOTHAN, ALABAMA
Zip: 36303-3039 Country: USA	Zip: 36302-1967 Country: USA

4. State/Country of Formation: FL/USA

5. Date Organized or Qualified To Do Business in Florida: 01/01/2002

6. FEI Number: 33-1002342 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

000081152480
10/24/06--01047--002 **305.00

Suite, Apt. #, Etc.

City: Tallahassee State: FL Zip Code: 32301-2525

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date _____
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	DOUG REAL	404 ROYAL PARKWAY	DOTHAN, ALABAMA 36305
		REINSTATEMENT 03-06	

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: Doug D. Real Date: 10/16/06 Daytime Phone #: 334-340-2291

Typed or printed name of signing Managing Member/Manager _____