

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

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

DOCUMENT # L02000030813

1. Limited Liability Company's Name:
DecoArt, LLC

FILED
04 MAY 28 PM 5:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

2. Principal Office Address 781 Crandon Blvd Suite, Apt, #, etc. # 701 City & State Key Biscayne, FL Zip 33149		3. Mailing Office Address 781 Crandon Blvd Suite, Apt, #, etc. #701 City & State Key Biscayne Zip 33149		4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 11/15/2002	
County Dade		County Dade		6. FEI Number 76-0719498		Applied For Not Applicable	
				7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Lizabeth F. Calvo		
Street Address (P.O. Box Number is NOT Acceptable) 328 Crandon Blvd Suite 226		000037839410 06/10/04--01008--028 **109.00
Suite, Apt. #, etc.		
City Miami	State FL	Zip Code 33149

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 5/27/04
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
Manager	Remir Fernando Guardazzi	781 Crandon Blvd # 701	Key Biscayne FL 33149
Member	Maria Lorena Gomez	781 Crandon Blvd # 701	Key Biscayne FL 33149

REINSTATEMENT 2003-2004

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 *Valobeyn* Date 5/27/04 Daytime Phone # 305-365-0902

Type or print name of signing Managing Member/Manager Remir Fernando Guardazzi, Manager *V. Cine as attorney in fact*

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Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

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TALLAHASSEE, FLORIDA

Re: DecoArt, LLC

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. \$105 check payable to Florida Department of State

We never received the Uniform Business Report for the following year(s) that should have been mailed to us:

2003, 2004

Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By: _____

by K. Sarria as attorney-in-fact

Name: Maria Lorena Gomez

Title: Member

Date: 5 / 27 / 04