

**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

County

3. Mailing Office Address

781 Crandon Blvd

Suite, Apt, #, etc.

#701

City & State

Key Biscayne

Zip

33149

County

Dade

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 11/15/2002

6. FEI Number

76-0719498

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

Lizabeth F. Calvo

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

328 Crandon Blvd Suite 226

Suite, Apt, #, etc.

City

Miami

State

FL

Zip Code

33149

000037839410

06/10/04--01008--028 \*\*109.00

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

REGISTERED AGENT MUST SIGN

Date

5/27/04

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

Date

5/27/04

Daytime Phone #

305-365-0902

Type or print name of signing Managing Member/Manager

Remir Fernando Guardazzi, Manager

*V. Lima as attorney in fact*

LBZ000030813

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

FILED  
04 MAY 28 PM 5:45  
SECRETARY OF STATE  
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: [Signature]  
by K. Sarria as attorney-in-fact

Name: Maria Lorena Gomez

Title: Member

Date: 5 / 27 / 04