

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 JUN 22 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 30-A Decorative Arts, LLC

1. Limited Liability Company's Name

LO6000010584

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100182477821
06/22/10--01022--002 **516.25

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #
64 Birch St.

Suite, Apt. #, etc

3. Mailing Office Address
64 ~~same~~ Birch St.

Suite, Apt. #, etc

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified To Do Business in Florida

2008

6. FEI Number

760830511

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

City & State
Santa Rosa Bch. FL

Zip
32459

Country

USA

City & State
Santa Rosa Bch FL

Zip
32459

Country

USA

8. Name and Address of Current Registered Agent

Name
William Edwards

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

64 Birch St.

Suite, Apt. #, Etc

City
Santa Rosa Bch

State
FL

Zip Code
32459

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 William Edwards

Date 6-18-10

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
<u>MEMGRM</u>	<u>William Edwards</u>	<u>64 Birch St.</u>	<u>Santa Rosa Bch FL 32459</u>

REINSTATEMENT 2008-2010 re 6/28/10

11. E-mail Address William.Edwards102@n-

(To be used for future annual report notifications)

12. 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 William Edwards Date 6-18-10 Daytime Phone # (850) 543 3276

Typed or printed name of signing Managing Member/Manager William Edwards