

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JUN 11 AM 11

DOCUMENT # L06000093042

1. Limited Liability Company's Name

DEC. DESIGNS ARCHITECTS LLC

500181982486
05/11/10--01023--002 **516.25

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 1010 NE 9TH STREET		3. Mailing Office Address 137 SE 7TH PLACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CAPE CORAL FL		City & State CAPE CORAL FL	
Zip 33909	Country US	Zip 33990	Country US

4. State/Country of Formation FLORIDA, US	
5. Date Organized or Qualified To Do Business in Florida 09/22/2006	
6. FEI Number 205789189	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name DAVID CHRISTMAS			
Street Address (P.O. Box Number is Not Acceptable) 137 SE 7TH PLACE			
Suite, Apt. #, Etc.			
City CAPE CORAL		State FL	Zip Code 33990

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

6/7/10

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
MGR	CHRISTMAS, DAVID	137 SE 7TH PLACE	CAPE CORAL FL 33990
MGRM	HECTOR, EVA	137 SE 7TH PLACE	CAPE CORAL FL 33990
MGRM	CHRISTMAS, ISAIAH	137SE 7TH PLACE	CAPE CORAL FL 33990

11. E-mail Address: decdesigns89@yahoo.com

(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

Date

6/7/10

Daytime Phone #

239-242-6615

Typed or printed name of signing Managing Member/Manager

REINSTATEMENT **2008-2010**

T. Hampton JUN 14 2010