

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
JAN 9 PM 2:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** 412000002273

1. Limited Liability Company's Name

Decor Fine Imports, LLC

2. Principal Office Address - No P.O. Box #

705 King Street West

3. Mailing Office Address

705 King Street West

Suite, Apt. #, etc.

Suite 813

Suite, Apt. #, etc.

Suite 813

City & State

Toronto, Ontario M5V 2W8

City & State

Toronto, Ontario M5V 2W8

Zip

Country

Canada

Zip

Country

Canada

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

1/5/12

6. FEI Number

45-4193895

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

CR2E041 (12/13)

8. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301-2525

E-mail Address:

900255437619

dionnemas13@gmail.com

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

Sue G. Knight

Assistant Vice President

Date

1-8-14

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
MGR	Natalie Capone	1095 Business Lane Unit #1	Naples, FL 34110

**REINSTATEMENT**

**S. HAWKES**  
JAN 10 A.M.  
**EXAMINER**

11. I certify that I am an authorized person empowered to execute this application as provided for in Chapter 605, 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 Chapter 605, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of

Authorized Person /s/ Dionne Mascarenhas

Date 01/09/2014

Daytime Phone #

Typed or printed name of signing Authorized Person Dionne Mascarenhas



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 9, 2014

**RESUBMIT**

Please give original  
submission date as file date.

DECOR FINE IMPORTS, LLC  
% CSC

SUBJECT: DECOR FINE IMPORTS, LLC  
Ref. Number: L12000002273

We have received your document for DECOR FINE IMPORTS, LLC and the authorization to debit your account in the amount of \$238.75. However, the document has not been filed and is being returned for the following:

The total amount due to reinstate is \$377.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 414A00000641

RECEIVED  
DEPARTMENT OF STATE  
14 JAN 10 PM 1:59



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 953681 7865850

AUTHORIZATION :

COST LIMIT : \$ ~~238.75~~ 377.50 OKAY ✓

ORDER DATE : January 8, 2014

ORDER TIME : 9:36 AM

ORDER NO. : 953681-005

CUSTOMER NO: 7865850

DOMESTIC FILINGS

NAME: DECOR FINE IMPORTS, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext# 52956

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
JAN 9 2014  
SUFFICIENT COPY OF FILING