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Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)922-4003

From:
Account Name : FILINGS, INC.
Account Number : 072720000101
Phone : (850)385-6735
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LIMITED LIABILITY REINSTATEMENT

DECO PALMS, L.C.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$205.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

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

DOCUMENT # L97000000371

1. Limited Liability Company's Name

DECO PALMS, L.C.

2. Principal Office Address	3. Mailing Office Address
12783 NW 18 Manor	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pembroke Pines, FL	City & State: Same
Zip: 33028 Country: USA	Zip: Same Country: Same

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: April 1, 1997

6. FEI Number: 65-0747015 ☐ 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: Luis F. De La Cruz, Jr.

Street Address (P.O. Box Number is Not Acceptable): 241 Sevilla Avenue

Suite, Apt. #, Etc.: 805

City: Coral Gables State: FL Zip Code: 33134

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 1/31/00

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	Rafael Jaramillo	12783 NW 18 Manor	Pembroke Pines, FL 33028
MEM	Susana Restrepo	12783 NW 18 Manor	Pembroke Pines, FL 33028

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 1-31-2000 Daytime Phone # 954-443-1826

Typed or printed name of signing Managing Member/Manager Rafael Jaramillo

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