

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 26 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000013507

1. Corporation Name

DECASA, INC.

Principal Place of Business

Mailing Address

3900 NW 79TH AVENUE
652
MIAMI FL 33166

P O BOX 226857
MIAMI FL 33122



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
9521 FONTAINEBLEAU BLVD.

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/01/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

306
City & State
MIAMI, FL

City & State

Zip
33172

Country
MIAMI-DADE

Zip

Country

5. FEI Number

65-0980237

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	POPOVIC, BRANKA	3900 NW 79TH AVENUE #652 9521 FONTAINEBLEAU BLVD. #306	MIAMI FL 33166 33172

0000009216350
11/26/02--01016--013 **150.00

11/13

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

POPOVIC, BRANKA 3900 N.W. 79TH AVENUE SUITE 652 MIAMI FL 33166	9521 FONTAINEBLEAU BLVD. #305 MIAMI, FL 33172	Name	Street Address (P.O. Box Number is Not Acceptable)	Suite, Apt. #, Etc.	City	State FL	Zip Code
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/9/02

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BRANKA POPOVIC

Date

Daytime Phone #

11/9/02

305-2201109

CR2E040 (8/02)

DECASA, INC.

P.O. BOX 226857, Miami, Florida, 33122

November 19, 2001

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: DECASA, INC.

Ladies and Gentlemen:


We hereby request the reinstatement of DECASA, INC. due to reasonable cause.

During the earlier part of the year 2002, DECASA, INC., moved its offices to a new location and left forwarding orders with the US Postal Service. For some reason the postal service failed to deliver the Uniform Business Report form to our new address. Accordingly, we were unaware that the filing obligation was not met.

Please, accept our apologies.

Should you require additional information, please do not hesitate to contact the undersigned at (305) 220-1109.

Sincerely,



Branka Popovic, President

9521 Fontainebleau Blvd. #305, Miami, Florida 33172

DECASA, INC