

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 18 AM 11:56

DOCUMENT # P00000024954

1. Corporation Name

DECO ART TILE, INC.

Principal Place of Business

605 VIRGINIA WOODS LANE
ORLANDO FL 32824

Mailing Address

605 VIRGINIA WOODS LANE
ORLANDO FL 32824



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/09/2000

5. FEI Number

59 364 0102

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MIZOGUCHI, JANET L	605 VIRGINIA WOODS LANE	ORLANDO FL 32824
			300004659633 1 -10/30/01--01077--018 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

MIZOGUCHI, JANET L
605 VIRGINIA WOODS LANE
ORLANDO FL 32824

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

Signature of
Registered Agent

Janet L Mizoguchi
REGISTERED AGENT MUST SIGN

Date 10/15/01

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:

Janet L Mizoguchi Janet L. Mizoguchi 10/15/01 407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 816-3041
Date Daytime Phone #

CR2E040 (8/01)

DECO ART TILE, INC.

605 Virginia Woods Lane
Orlando, FL 32824
(407) 816-3041 Fax (407) 816-8319

October 16, 2001

Florida Department of State
Katherine Harris
Division of Corporations

Annual Report/Reinstatement Section

P.O. Box 6327
Tallahassee, FL 32314-6327

Enclosed please find my application for reinstatement. We did not receive the original form to renew our corporation. We are a new corporation and did not realize that we were missing a form to complete. We recently closed a P.O. and possibly the original form was lost due to the change of address.

Please waive the reinstatement fee as we did not ever receive the original form. Enclosed please find my application and annual fee of \$150.00 per my telephone call to your office.

Thanking you in advance, I am,


Janet L. Mizoguchi
President