

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 MAY 26 PM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P00000089279**

**1. Corporation Name**

H.C.DECKING INC.

13327 MEADOW BAY WOOD  
13327 MEADOW BAY WOOD

**2. Principal Office Address**

13327 MEADOW BAY WOOD

Suite, Apt. #, etc.

**3. Mailing Office Address**

13327 MEADOW BAY WOOD

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32824

Country

USA

Zip

32824

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

9/20/2000

**5. FEI Number**

59-3676462

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

JOSE A. FERNANDEZ

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

1014 VIGO AVE

Suite, Apt. #, Etc.

City

ORLANDO,

State

FL

Zip Code

32824

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*[Signature]*

Date

5/25/04

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	HECTOR F. CRUZ	13327 MEADOW BAY WOOD	ORLANDO, FL 32824

**10. 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/25/04

Daytime Phone #

(407) 467-3570

CR2E081 (01/04)

FROM: HC DECKING INC.  
13327 MEADOW BAY WOOD  
ORLANDO, FL 32824

TO WHON IT MAY CONCERN,

THIS LETTER IS INFORM THAT I DID NOT RECEIVED  
MY ANNUAL REPORT STATEMENT FOR 2003,  
FOR THAT REASON THE FEES WERE  
NOT PAID. PLEASE SEE IF THE 600.00 DOLLARS PENALTY CAN BE WAIVE.

WE THANK YOU FOR YOUR ASSISTANCE IN THIS MATTER

SINCERELY  
HACTOR F. CRUZ

