

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 APR 19 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000090159

1. Corporation Name

DECOTA CORP.

Principal Place of Business

Mailing Address

1010 S. GREENWOOD AVE.
CLEARWATER FL 33756

1010 S. GREENWOOD AVE.
CLEARWATER FL 33756



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/21/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number 52-2267054

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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
PD	COOK, RANDALL	1010 S. GREENWOOD AVE.	CLEARWATER FL 33756
VD	COOK, MARLENE	1010 S. GREENWOOD AVE.	CLEARWATER FL 33756
			300005482769--7 05/08/02 01009 003 ***300.00 ***300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LETTAU, KATHLEEN E
C/O PERFECTLY BALANCED BOOKS
133 GARDEN AVE. NORTH
CLEARWATER FL 33755

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

Kathleen E. Lettau
REGISTERED AGENT MUST SIGN

Date

3-26-02

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:

Randall J. Cook Randall James Cook 4/05/02 727-441-9787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2040 (801)

Perfectly
BALANCED
BOOKS



Complete Accounting Services

25 March 2002

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

RE: P00000090159-Decota Corp.

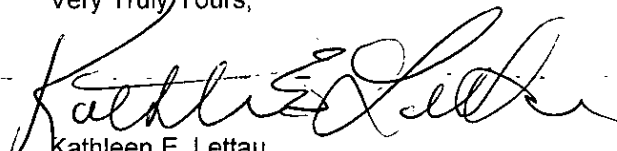
Dear Sir or Madam:

Enclosed please find a check in the amount of \$300.00 to cover the fee for Decota Corp.

I realize that my clients should have submitted their Uniform Business Report on a timely basis. They have hired my firm to assist them and we are working to get all their compliances caught up. Unfortunately they were not in the country and aware of what needed to be done regards to reporting. Now that they know what is required we are diligently assisting them in getting caught up.

We respectfully request that the penalties for Tax Year ending 2000 be abated. Any consideration you may give would be greatly appreciated.

Very Truly Yours,


Kathleen E. Lettau
President