

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000090159

1. Corporation Name

DECOTA CORP

2. Principal Office Address

1600 MISTY PLATEAU TR

Suite, Apt. #, etc.

City & State

CLEARWATER FL

Zip

33765

Country

3. Mailing Office Address

1600 MISTY PLATEAU TR

Suite, Apt. #, etc.

City & State

CLEARWATER FL

Zip

33765

Country

REINSTATEMENT
w/o penalty
2005-2006
TRC
10/19/06

CR2E081 (12/05)

06 OCT 16 AM 10:06
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

Lettau Kathleen R.

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

133 GARDEN AVE North

Suite, Apt. #, Etc.

City

CLEARWATER, FL

State

FL

Zip Code

33755

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

Date

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
PD	COOK, RANDALL	1010 S. Greenwood Ave	Clearwater, FL
VD	COOK, MARLENE	1010 S. Greenwood Ave	Clearwater, FL

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 contained in Chapter 119, 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

10/06/06

Date

Daytime Phone #

**ACTION
ACCOUNTING & TAX SERVICE, INC.**

600 BYPASS DRIVE SUITE 115 * CLEARWATER, FL 33764 * (727) 799-1040

9 October 2006

Florida Department of Revenue
Amendment Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Antigua Furniture Guild Inc & Decota Corp.
Doc #'s: P04000113686 & P00000090159

To Whom, It May Concern:

Enclosed is the corporation reinstatement for Decota Corp along with a check in the amount of three hundred dollars (\$300.00). This is being filed now due to the fact that the notice that is sent as a reminder to all businesses to pay the annual corporation fee was never received.

Also enclosed are the corporate documents for the merger of the above named businesses, which also has a check, attached in the amount of seventy dollars (\$70.00) for processing fees for each merged business.

Thank you in advance for your consideration in this matter. Should you have any questions please contact me at (727) 799-1040.

Sincerely,



Michael L. Bruno, E.A.