

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000107921

1. Corporation Name

HEAVEN'S DECORATION INC

2. Principal Office Address

9421 S ORANGE BLOSSOM TRAIL

Suite, Apt. #, etc.

19

City & State

ORLANDO, FLORIDA

Zip

32811

Country

3. Mailing Office Address

9421 S ORANGE BLOSSOM TRAIL

Suite, Apt. #, etc.

19

City & State

ORLANDO, FLORIDA

Zip

32811

Country

500017113085
04/28/03--01005--019 0*150:00

5/08/02/ 90149.27 #150

4. Date Incorporated or Qualified
To Do Business in Florida

1-1-2001

5. FEI Number

651055387

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

JAIRO GONZALEZ

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

4316 S KIRKMAN RD

Suite, Apt. #, Etc.

19

City

ORLANDO

State

FL

Zip Code

32811

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]
REGISTERED AGENT MUST SIGN

Date 4/18/03

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.	JAIRO GONZALEZ	4316 S KIRKMAN RD #1622	ORLANDO, FL 32811

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

4/18/03
Date

(407) 7482597
Daytime Phone #

CR2E081 (10/02)

HEAVENS DECORATIONS INC

April 19, 2003

Florida Department of State
Secretary Of State
Division of Corporation
Attn: Epeterson

To Whom it May be Concerned

This letter is forwarded regarding revision of case #P00000107921. Your letter requesting FEI# (651055387) for the year 2002 was never received. This resulted in my corporation suspension.

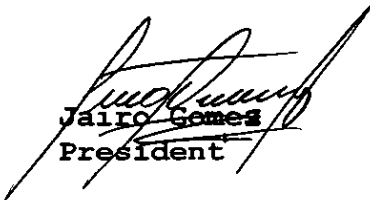
A check dated April 25, 2002 was sent to you, as acknowledged in your letter dated May 18, 2002. The above mentioned check was deposited by you.

I am requesting that case #P00000107921 be reviewed. I am further requesting that the accrued \$600 fees be eliminated, providing that I was never made aware of the action that resulted in these consequences.

Enclosed you will find the Corporation reinstatement form dated April 18, 2003. Also enclosed is check #0225 for the year 2003 fee of \$150. I am also requesting that a receipt be forwarded to me.

Your prompt attention to this matter will be greatly appreciated. I regret any inconvenience that this may have caused.

Sincerely,



Jairo Gomez
President

**9421 S. Orange Blossom Trail Ste. 19
Orlando Florida 32837**

Phone: (407) 816-1723 Cell: (407) 748-2597 Fax: (407) 857-7467