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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB 12 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 001000006937

1. Corporation Name

DECOR & MORE MARKETPLACE, INC.

2. Principal Office Address

1209 MAIN ST.

Suite, Apt. #, etc.

STE. 116

City & State

JUPITER, FL

Zip

33458

Country

USA

3. Mailing Office Address

1209 MAIN ST.

Suite, Apt. #, etc.

STE. 116

City & State

JUPITER, FL

Zip

33458

Country

USA

REINSTATEMENT

03-04
MRS

4. Date Incorporated or Qualified
To Do Business in Florida

1/18/2001

5. FEI Number

65-1092221

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

ALDO CONIGLIARO

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

1209 MAIN ST.

Suite, Apt. #, Etc.

STE. 116

City

JUPITER

State

FL

Zip Code

33458

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

REGISTERED AGENT MUST SIGN

Date

2/5/04

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
P, D	ALDO CONIGLIARO	1209 MAIN ST., STE 116	JUPITER, FL 33458

10. I certify that I am an officer or director of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/5/04

Daytime Phone #

561-626-6661

CP2E081 (01/04)

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Decor & More
MARKETPLACE

Abacoa Showroom
1209 Main Street • Suite 116
Jupiter, Florida 33458
Tel (561) 626-6661 • Fax (561) 626-9511
FL State License # IB26000566

February 5, 2004

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

To whom it may concern,

I have enclosed a check in the amount of \$308.75 to reinstate my corporation for the 2003 and 2004 years. Our mailing address changed in January 2003 and I never received my annual renewal applications for those years.

Thank you for your assistance,

Aldo Conigliaro
President/Director