
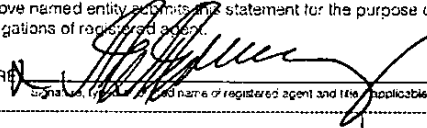
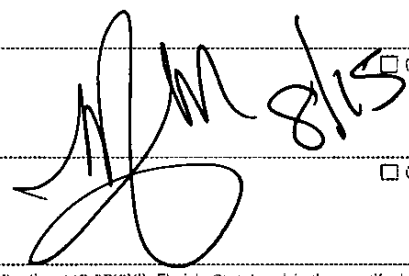
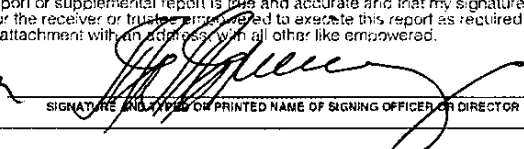


**2005 FOR PROFIT CORPORATION
REINSTATEMENT**

af-os dei

FILED

05 AUG 11 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000010087		
1. Entity Name DECO MAYA INC.		
Principal Place of Business 16519 RUBY LAKE WESTON, FL 33331		Mailing Address 16519 RUBY LAKE WESTON, FL 33331
2. Principal Place of Business 405 NE 199 ST Suite, Apt. #, etc. 208 City & State MIAMI FL		3. Mailing Address 905 NE 199 ST Suite, Apt. #, etc. 208 City & State MIAMI FL
Zip 33179 Country		4. FEI Number 01-0691808 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04292005 REIN-P CR2E098 (6/04)
6. Name and Address of Current Registered Agent ARIMANY, AMAPOLA A 46610 RUBY LAKE WESTON, FL 33331		7. Name and Address of New Registered Agent Name ARIMANY, AMAPOLA A Street Address (P.O. Box Number is Not Acceptable) 905 NE 199 ST City MIAMI FL Zip Code 33179
8. The above named entity certifies the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE 		DATE
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARIMANY, AMANOLA 46610 RUBY LAKE WESTON, FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		PRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 905 NE 199 ST #208 MIAMI FL 33179
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		100058483031 08/11/05--01041--004 **300.00
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE 		Date
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #