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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

05 MAY 26 PM 12:05

DOCUMENT # P02000012022

1. Corporation Name

D'CORATIF, INC.

2. Principal Office Address

150 SE 2ND AVE STE 1325

Suite, Apt. #, etc.

3. Mailing Office Address

150 SE 2ND AVE STE 1325

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33131-1539

Country

US

Zip

33131-1539

Country

US

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

02/01/02

5. FEI Number

010640141

Applied For

Not Applied

6. CERTIFICATE OF STATUS DESIRED ☐3075 A with a Fee of
\$10.00 (each) and \$1.00

7. Name and Address of Current Registered Agent

Name

A1A Registered Agent Inc.

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

92 Sadberry Rd.

Suite, Apt. #, Etc.

City

Quincy

State

FL

Zip Code

33351
33431-4539

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

Paul Smith V.P.

Date 05/24/05

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
D	THEODORE A SWAEBE	150 SE 2ND AVE STE 1325	MIAMI FL 33131-1539

200055842092
05/26/05--01002--004 **450.00

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)(b), 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:

Theodore Swaebe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/2005 305 358 9165

Daytime Phone #

18 May 2005 16:29

A1A#CORPORATE#SERVICES

3056752811

P. 3

2052

DATE: Wednesday, May 18, 2005

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

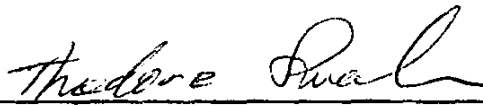
FROM: THEODORE A SWAEBE
D'CORATIF, INC.

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORT BY MAIL
SINCE 2003.

PLEASE FILE OUR ANNUAL REPORT AND DO NOT CHARGE THE PENALTY.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 850-626-9899

THANKS,

x 

THEODORE A SWAEBE, PRESIDENT
D'CORATIF, INC.