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	3. Mailing Office Address
150 SE 2ND AVE STE 1325	150 SE 2ND AVE STE 1325
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33131-1539 Country: US	Zip: 33131-1539 Country: US

REINSTATEMENT 03-05

4. Date Incorporated or Qualified To Do Business in Florida: 02/01/02

5. FEI Number: 010640141 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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: ~~33131-4539~~ 32351

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 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

200055942892
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)(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: Theodore Swaebe 5/19/2005 305 358 9165

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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 Swaebe

THEODORE A SWAEBE, PRESIDENT
D'CORATIF, INC.