CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 30 PM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000062797

1. Corporation Name

Decorative Concrete Surfaces, Inc

REINSTATEMENT 03-04

12/17/04 01066 002 900⁰⁰

2. Principal Office Address	3. Mailing Office Address
612 S. Martin Luther King Jr Ave	612 S Martin Luther King JR. Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Clwr, FL	City & State Clearwater, FL
Zip 33756 US	Zip 33756 Country US

4. Date Incorporated or Qualified To Do Business in Florida 06/06/2002

5. FEI Number 02-0613147 ☐ 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 Registered Corporate Agents Inc.

Street Address (P.O. Box Number is Not Acceptable) 612 S. Martin Luther King JR Ave

Suite, Apt. #, Etc.

City Clearwater State FL Zip Code 33756

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 12-29-04

CR2E061 (01/04)

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 S	Terrance Hartle	7378 Jomel Drive	Spring Hill, FL 34607

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: Terrance Hartle 12/14/04 727-447-9546
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #