

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 SEP 24 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000073589

1. Corporation Name

Deco House, Corp.

000109847630
09/24/07--01067--023 **300.002. Principal Office Address - No P.O. Box #
13900 S Jog Road3. Mailing Office Address
13900 S Jog RoadSuite, Apt. #, etc.
#203Suite, Apt. #, etc.
#203City & State
Delray Beach, FLCity & State
Delray Beach, FLZip
33446Country
USAZip
33446Country
USA4. Date Incorporated or Qualified
To Do Business in Florida 07/08/20025. FEL Number
04-3698311Applied For
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Maria UrdanetaStreet Address (P.O. Box Number is Not Acceptable)
16154 Bristol Pointe DR

Suite, Apt. #, Etc.

City
Delray BeachState
FLZip Code
33446☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Date Sept 10/07

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
P/D	Maria Urdaneta	16154 Bristol Pointe DR	Delray Beach, FL 33446

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 contained in Chapter 119, 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

Sept 10/07

Date

561-381-3055

Daytime Phone #

9/26/07