

2004 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT
FILED

04

04 OCT 29 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

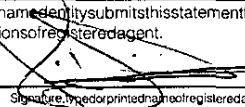
\$150.00

DOCUMENT# P03000139128		
1. Entity Name DECOTIME INTERNATIONAL, INC.		

Principal Place of Business 9140 SW 137TH AVENUE SUITE 1015 MIAMI, FL 33186 US	Mailing Address 2638 NW 21 Terr. #A MIAMI, FL 33142
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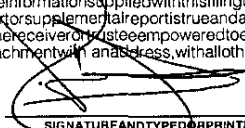
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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6. Name and Address of Current Registered Agent EDEA & ASSOCIATES SERVICE GROUP, INC 4445 WEST 16TH AVENUE SUITE 502 HIALEAH, FL 33012	
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7. Name and Address of New Registered Agent Name: OSVALDO A. STRONGOLI Street Address (P.O. Box Number is Not Acceptable): 2638 NW 21 Terrace #A City: MIAMI FL Zip Code: 33142	
8. The above named entity submits this 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 obligation of the registered agent.	
SIGNATURE: 	DATE: 10/21/04

FILE NOW!!! - FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPTS STRONGOLI, OSVALDO A 9140 SW 137TH AVENUE SUITE 1015 MIAMI, FL 33186 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 2638 NW 21 Terr #A MIAMI, FL 33142
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	OSVALDO STRONGOLI, PRESIDENT 10/21/04 (786) 286-0467