2004 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT 04

FILED

04 OCT 29 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

$150.00

08/20/04 90008 039

10202004 REIN-P CR2E098(6/04)

DOCUMENT# P03000139128

1. EntityName
DECOTIMEINTERNATIONA,INC.

PrincipalPlaceofBusiness	MailingAddress
~~9140 SW 137TH AVENUE SUITE 1015 MIAMI, FL 33186 US~~ 2638 NW 21 Terr. #A Miami, FL 33142	~~9140 SW 137TH AVENUE SUITE 1015 MIAMI, FL 33186 US~~ 2638 NW 21 Terr. #A Miami, FL 33142
2. PrincipalPlaceofBusiness	3. MailingAddress
Suite,Apt.#,etc.	Suite,Apt.#,etc.
City&State	City&State
Zip / Country	Zip / Country

4. FEINumber 20-0444866 ☐ AppliedFor ☐ NotApplicable

5. CertificateofStatusDesired ☐ $8.75 Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent	7. NameandAddressofNewRegisteredAgent
EDEA&ASSOCIATESSERVICEGROUP,INC 4445WEST16THAVENUE SUITE502 HIALEAH,FL33012	Name OSVALDO A. STRONGOLI StreetAddress (P.O.BoxNumberisNotAcceptable) 2638 NW 21 Terrace #A City Miami FL ZipCode 33142

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE ______________ 10/21/04
Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenreinstating) DATE

FILE NOW!!!-FEE IS $150.00
After January 1, 2005, Fee will be $300.00

Inaccordancewiths.607.193(2)(b),F.S.,the corporationdidnotreceivethepriornotice.

10. OFFICERSANDDIRECTORS			11. ADDITIONS/CHANGESTOOFFICERSANDDIRECTORSIN11		
TITLE NAME STREETADDRESS CITY-ST-ZIP	DPTS STRONGOLI,OSVALDOA ~~9140SW137THAVENUESUITE1015~~ 2638 NW 21 Terr #A ~~MIAMI,FL33186~~ Miami, FL 33142	☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP	2638 NW 21 Terr #A Miami, FL 33142	☒ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. Iherebycertifythattheinformationsuppliedwiththisfilingdoesnotqualifyfortheexemptionstatedin Section119.07(3)(i),FloridaStatutes.Ifurthercertifythattheinformation indicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath;thatIamanofficerordirector ofthecorporationorthereceiverortrusteeempoweredtoexecutethisreportasrequiredbyChapter607,FloridaStatutes;and thatmynameappearsinBlock 10orBlock 11if changed,oronanattachmentwithanaddress,withallotherlikeempowered.

SIGNATURE: OSVALDO STRONGOLI, PRESIDENT 10/21/04 (786) 286-0967
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#