PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2008 DEC 24 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W08000054723

DOCUMENT # P04000148510

1. Corporation Name: DECARBONIZER DIRECT INC.
5079 N. DIXIE HWY # 296
OAKLAND PRK
FLORIDA 33334

CR2E081 (10/08)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5079 N. DIXIE HWY.	AS ABOVE
Suite, Apt. #, etc.: # 296	Suite, Apt. #, etc.:
City & State: OAKLAND PARK FL	City & State: F
Zip: 33334 Country: USA	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: NOV 9TH 2004

5. FEI Number: 51-0527844 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: J. REEVE

Street Address (P.O. Box Number is Not Acceptable): 4821 NE 12 AVE

Suite, Apt. #, Etc.: —

City: OAKLAND PARK FL 33334 State: FL Zip Code:

☑ 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.

#300.00

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: J W Reeve — REGISTERED AGENT MUST SIGN — Date: 11/12/08

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
PRES	J W W REEVE	4501 NE 21ST AVE	FTLAUD FL 33308
D	A. BERTIN	1624 35TH ST OAKLAND PK 33334 FL	

700139271197
12/24/08 01045 010 #300.00

REINSTATEMENT
07-08

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: J W Reeve — 11/12/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #