## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P05000134026

Entity Name: DECO MIRRORS & INTERIORS, CORP.

FILED Mar 08, 2007 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business    |
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2735 SW FONDURA RD.

PORT ST. LUCIE, FL 34953 US

1901 SW MACEDO BLVD
PORT ST. LUCIE, FL 34984 US

Current Mailing Address: New Mailing Address:

2735 SW FONDURA RD.

PORT ST. LUCIE, FL 34953 US

1901 SW MACEDO BLVD
PORT ST. LUCIE, FL 34984 US

FEI Number: 20-3563156 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TAXPLACE, CORP. 2721 S. US 1 SUITE 9 FORT PIERCE, FL 34982 US

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.

SIGNATURE: CLAUDIO RIBEIRO

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition DAVILA, DAVID Y DAVILA, DAVID Y Name: Name: 3972 GOLDENROD RD. 1901 SW MACEDO BLVD. Address: Address: City-St-Zip: JENSEN BEACH, FL 34957 US City-St-Zip: PORT ST. LUCIE, FL 34984 US

Title: D ( ) Delete Title: VPD (X) Change ( ) Addition Name: DAVILA, ENOC F Name: DAVILA, ENOC F

Address: 2340 SW MONTERREY LN. Address: 1901 SW MACEDO BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34953 US City-St-Zip: PORT ST. LUCIE, FL 34984 US

Title: D () Delete Title: D (X) Change () Addition

Name: DAVILA, ALBA Name: DAVILA, ALBA

Address: 2340 SW MONTERREY LN. Address: 1901 SW MACEDO BLVD.

City-St-Zip: PORT ST. LUCIE, FL 34953 US City-St-Zip: PORT ST. LUCIE, FL 34984 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID Y DAVILA PD 03/08/2007