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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P11000001276

1. Corporation Name

DECAL AMERICA CORPORATION

REINSTATEMENT 12-13

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
One S.E. Third Avenue	Attn: Jonathan L. Awner
Suite, Apt. #, etc.	Suite, Apt. #, etc.
25th Floor	One S.E. Third Avenue, 25th Floor
City & State	City & State
Miami, FL	Miami, FL
Zip / Country	Zip / Country
33131 USA	33131 USA

4. Date Incorporated or Qualified To Do Business in Florida: 01/05/2011

5. FEI Number: 99-0363452 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $30.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: NRAI Services, Inc.

Street Address (P.O. Box Number is NOT Acceptable): 1200 S. Pine Island Road

Suite, Apt. #, etc.

City: Plantation | State: FL | Zip Code: 33324

8. I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Katie Womack, Asst. Sec. Date: 3/1/2013

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Gianluigi Triboldi	c/o Via Triboldi Pietro 4, 26015 Soresina	Cremona, Italy
D	Secondo Triboldi	c/o Via Triboldi Pietro 4, 26015 Soresina	Cremona, Italy
D	Giovanni Triboldi	c/o Via Triboldi Pietro 4, 26015 Soresina	Cremona, Italy

10. E-mail Address: Mtriboldi@decal.it

(To be used for future annual report notification)

11. I certify that I am an officer or director of the reorganized corporation authorized to execute this application as provided for in chapter 607.1501 or 617.1501, F.S. If applicable, 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

GIAN LUIGI TRIBOLDI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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MAR - 1 2013

A. DUNLAP

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
Fax Number : (850)617-6384

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Account Number : 110450000714
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CORPORATION REINSTATEMENT
DECAL AMERICA CORPORATION

Certificate of Status	0
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