

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 192

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAR 11 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000065936

1. Corporation Name

DECORATOR DIGS, INC.

2. Principal Office Address

12323 SW 55th ST

Suite, Apt. #, etc.

BLDG 1000 STE 1004

City & State

COOPER CITY, FL

Zip

33330

Country

USA

3. Mailing Office Address

12323 SW 55th ST

Suite, Apt. #, etc.

BLDG 1000 STE 1004

City & State

COOPER CITY, FL

Zip

33330

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/17/93

5. FEI Number

65-0439565

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

HENRY JOACEUS

Street Address (P.O. Box Number is Not Acceptable)

306 SW 79 TERR

Suite, Apt. #, Etc.

City

NORTH LAUDERDALE

State

FL

Zip Code

33068

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

Henry Joaceus

REGISTERED AGENT MUST SIGN

Date 02/11/2002

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
DP	LUDLOW BECKFORD	9880 NW 39 CT	CORAL SPRINGS, FL 33065
DVST	ALLISON BECKFORD	9880 NW 39 CT	CORAL SPRINGS, FL 33065

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 under section 119.07(3)(i), 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:

Allison Beckford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/11/02

Date

Daytime Phone #

Henry C. Joaceus, Accountant
Accounting, Tax & Advisory Services
Phone: (954) 720-6539

306 SW 79th Terrace
North Lauderdale FL 33068
Fax: (954) 597-0859

2082

North Lauderdale, February 11, 2002

Florida Department of State
Annual Reports Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

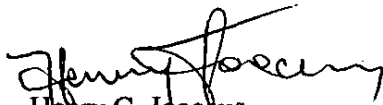
Re: DECORATOR DIGS, INC.
EIN: 65-0439565

To Whom It May Concern:

Due to a change of address that occurred in the year 1998, my client never received the Annual Reports since then for the above mentioned Corporation. In order to comply with the Florida statutes, I am sending the enclosed corporation reinstatement form with a check for \$750. Therefore, I request the rebate of the penalty assessed to the Corporation's account.

I appreciate your cooperation.

Sincerely,


Henry C. Joaceus