

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FORale
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 FEB -5 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000034269

1. Corporation Name
DEC U.S.A., INC.

Principal Place of Business
C/O AFDS INC.
10705 ROCKET BLVD., SUITE 107
ORLANDO FL 32824

Mailing Address
C/O AFDS INC.
10705 ROCKET BLVD., SUITE 107
ORLANDO FL 32824

600002081136--4
-02/07/97--01020--011
*****75.00 *****75.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/05/1994	
City & State		City & State		5. FEI Number	
Zip		Country		59-3246884	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	ALTIMIRANO, EDUARDO R	AVE.DEL BOSQUE SM 48 L13 M6 V24	CANCUN QROO MEXICO 77508 600002081136--4 -02/07/97--01020--012 *****100.00 *****100.00
			600002081136--4 -02/07/97--01020--013 *****100.00 *****100.00
			600002081136--4 -02/07/97--01020--014 *****100.00 *****100.00

REINSTATEMENT

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SMITH, PAUL C/O AFDS INC. 10705 ROCKET BLVD., SUITE 107 ORLANDO FL 32824		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code	
		FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____ Date _____
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/26/96 407-2406648
Date Daytime Phone #