2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED DOCUMENT # P94000048429 1. Entity Name 06 SEP 21 AH 9: 30 GLOBAL REDECORATION, INC. CUNCTARY OF STATE Principal Place of Business Mailing Address 9845 THREE LAKES CIRCLE 9845 THREE LAKES CIRCLE BOCA RATON, FL 33428 BOCA RATON, FL 33428 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 09082006 REIN-P CR2E098 (11/05) Applied For City & State 4. FEI Number City & State 65-0496394 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DEVRIES, JACK L JR Street Address (P.O. Box Number is Not Acceptable) 9845 THREE LAKES CIRCLE 1-G BOCA RATON, FL 33428 City Zip Code FL 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE JACK DEVRIES UR, PRESIDENT d Agent signature required when reinstating) in accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$300.00 corporation did not receive the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Addition THEF ☐ Delete NAME DE VRIES, JACK L JR NAME 09/28/06--01041--007 STREET ADDRESS 9845 THREE LAKES CIRCLE 1 G STREET ADDRESS BOCA RATON, FL 33428 CITY-ST-ZIP CITY-\$1-ZIP Change Addition Delete TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-2P CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 flame appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. (561)9293829 SIGNATURE: JACK L DEVAIES UR. PRESIDENT SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

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