PLEASE READ	ALL INSTRUCTIONS	BEFORE C	COMPLETING THIS FORM.
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTME Sandra B. Mo Secretary of	rtham State	FILED
TILINOTALIVILIA	DIVISION OF CORPO	DRATIONS	93 MAR 23 AM 10: 53
DOCUMENT # P96000045350 1. Corporation Name			SECHERAL OF STATE TALLAR CATA, PLONIDA
Decorator Imports, Inc.			
Principal Place of Business Mailing Address			
1548 Main Street 1548 Main Street Sarasota, FL 34236 Sarasota, FL 34236			5000024671252 -03/24/9801097026 ****908.75 ****908.75
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 Address, If Applicable		DO NOT WRITE IN THIS SPACE 4. Date Incorporated or Qualified	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		To Do Business in Florida 5-29-96
City & State	City & State	<u> </u>	5. FEI Number Applied For 31–1461124 Not Applicable
Zip Country	Zip Counti	у	6. \$8.75 Additional Fee required
7. Names and Street Addresses of Each Officer and/o	pr Director (Florida poporofit corpor	ations must list at lea	tor a Certificate of Status
Name of Officers Title(s) and/or Directors	Sti Of	eet Address of Each	City / State / Zip
1 2 3 (Do NOT Use Post Office			umbers) 4
P/S/T Myron H. Greenspan 1548 Main Street		Street	Sarasota, FL 34236
	REINSTA'	I CIAICIA	5L 3-23 48
8. Name and Address of Current R	egistered Agent		9. Name and Address of New Registered Agent
Myron H. Greenspan 1548 Main Street Sarasota Fl. 34236		Name	
		Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.	
10. I, being appointed the Agristered agent of the above Signature of Registered Agent IREC	named colporation, am familiar wi	th and accept the obt	
11. Does this corporation pay an Dept. of Revenue under S. 1	ny intangible tax to th 199.032, Florida Stati	e utes. Yes [No x (See other side for information on Intangible tax.)
lease the Division of Corporations from any liability certify that I am an officer or director or the receive this reinstatement application the reason for disso	of non-compliance with Section 11s er or trustee empowered to execute lution has been eliminated, the corp aniormation indicated on this appli	0.07(3)(k) in the even this application as p porate name satisfies cation is true and ac	for the exemption stated in Section 119.07(3)(k), Florida Statutes. I rest that the information supplied is deemed exempt from public access. I provided for in chapter 607 or 617, F.S. I further certify that when filling is the requirements of section 607.0401 or 617.0401, F.S., and that all securate, and my signature shall have the same legal effect as it made
SIGNATURE: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Of Devime Phone A			