PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.						
	TEMENT I	PA DEFARÎN E T OF 8TA	SE TAI	FILED ECRETARY OF LLAHASSEE,	STATE	
		Secret of Surficient Secretary Is	01	JUL-6 AM	110: 55	
DOCU	JMENT # P9400	0070054	<u> </u>			
2		/ / / 0				
	mernanon a	1 ART DECOR 1	'NC			
2. Principal Office Address 3. Mailing Office Address						
5852 14th St. West 5852 14th St. West Suite, Apt. #, etc. Suite, Apt. #, etc.			est			
				porated or Qualified iness in Florida	9/23/1996	
City & State	identon', FL	Readenton FL	5. FEI Numbe	69797	Applied For	
Zip	207 Country USA	Bradenton, FL Zip Country 34207 USA	6.	O 7 7 7 7	2 00-2	
		7. Name and Address of Current Ro	egistered Agent	-)	
	Name Jussi Myllysilta					
	Street Address (P.O. Box Nymber is Not Acceptable) 5852 44 West			900004478519- -5 -07/17/01010030 9 3		
	Suite, Apt. #_Etc			****370).00****37 (00	
	City Braden ton			State Zip Coo	1207	
8. I, being	appointed the registered agent of the abov	e named corporation, an familiar with and accep	t the obligations of section	on 607.0505 or 617.0	0503, F.S. (00) 29 -0/	
Signature of Registered Agent REGIST/RED AGENT MUST SIGN				Date 6	29 -0/	
9. Names		or Director (Florida nonprofit corporations must li	st at least 3 directors)	<u> </u>		
Titles	Name of Officers and/or Directors	Street Address of Officer and/or D		,	City / State / Zip	
D	Jussi Myllysi	1ta 5852 1444	st. West	Brade	into-FL34207	
!				:		
		·				
3,	True P					
Y					SP	
10. I certify	that I am an officer or director or the receiv	er or trustee empowered to execute this application	on as provided for in cha	pter 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 Date Daytime Phone #						