

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 FEB - 6 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700141488897
01/20/09--01053--012 **450.00

CR2E081 (12/08)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P97000103617

Deco Deck, Inc.

2. Principal Office Address - No P.O. Box #

153 Sevilla Avenue

3. Mailing Office Address

153 Sevilla Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Gables, Florida

City & State

Coral Gables, Florida

Zip

33134

Country

Zip

33134

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12-8-1997

5. FEI Number
650800873

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

M.J.F. Registered Agent Corp.

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

153 Sevilla Avenue

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33134

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 2-2-09

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
P.D.	Gilbert Marinier	13251 SW 192 Street	Miami, FL 33177

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 contained in Chapter 119, 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]

SIGNATURE AND TITLE OF OFFICER OR DIRECTOR

1/15/09

Date

305 254 1746

Daytime Phone #

2/9