PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

00 OCT -2 PH 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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-10/05/00--01130--006
****750.00 ****750.00

DOCUMENT # P97000107689

1. Corporation Name

ACCENTS + DECOR, INC.

2. Principal Office Address	3. Mailing Office Address
80 DEPOT AVE.	80 DEPOT AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
DELRAY BEACH, FL	DELRAY BEACH, FL.
Zip: 33444 Country: PALM BEACH	Zip: 33444 Country: PALM BEACH

4. Date Incorporated or Qualified To Do Business in Florida: 12-23-97

5. FEI Number: 65-0824820 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for Certificate of Status

7. Name and Address of Current Registered Agent

REINSTATEMENT 2000

Name: JOE RIZZUTI

Street Address (P.O. Box Number is Not Acceptable): 3135 SW MAPP ROAD PO BOX 268

Suite, Apt. #, Etc.:

City: PALM CITY State: FL Zip Code: 34991

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: X Joe Rizzuti
REGISTERED AGENT MUST SIGN

Date: 9/28/00

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
PRES	ALFONSO CONIGLIARO	80 DEPOT AVE	DELRAY BEACH, FL 33444
DIR	ALFONSO CONIGLIARO	80 DEPOT AVE	DELRAY BEACH, FL 33444

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 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: X Pres & Dir 9/28/00 561-243-1152
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #