

1092

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 11 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000001694**

1. Corporation Name

Things All Decked Out, Inc.

2. Principal Office Address

1118 SW 23rd St.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 22219

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

Country

33315

U.S.A.

City & State

Ft. Lauderdale, FL

Zip

Country

33315

U.S.A.

REINSTATEMENT

03-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/8/1998

5. FEI Number

05-0804689

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

Meredith Collins

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

228 SW 83rd Way

Suite, Apt. #, Etc.

208

City

Pembroke Pines

State

FL

Zip Code

33025

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

Meredith Collins

Date

1/11/05

REGISTERED AGENT MUST SIGN

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	Christopher Cockrell	1118 SW 23rd St.	Ft. Lauderdale, FL 33315

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/05

Date

954-463-9811

Daytime Phone #

CR2E081 (01/05)

Things All Decked Out

2002

January 24, 2005

Florida Department of State
Division of Corporation
PO Box 6327
Tallahassee, FL 32314

Re: P98000001694

To Whom It May Concern: ---

Things All Decked Out never received any notice from the state of Florida for corporate reinstatement during the year 2003. Due to this fact we are requesting that the late fees be waived.

Enclosed please find a check in the amount of four hundred and fifty dollars to cover the fees encored for the years of 2003, 2004 and 2005.

All correspondence should be sent to the below address.

Things All Decked Out, Inc.
PO Box 22219
Fort Lauderdale, FL 33335

Sincerely,



Christopher Cockerell
President