

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUL -1 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P98000029826

1. Corporation Name

DECADE 11 & 10, INC.

2. Principal Office Address

PO BOX 900176

Suite, Apt. #, etc.

City & State

HOMESTEAD FL

Zip

33090-0176

Country

USA

3. Mailing Office Address

PO BOX 900176

Suite, Apt. #, etc.

City & State

HOMESTEAD FL

Zip

33090-0176

Country

USA

REINSTATEMENT

99-03

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

03/20/1998

5. FEI Number

65-0908229

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

CHARLIE C ANDERSON

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

30685 SW 188 CT

Suite, Apt. #, Etc.

City

HOMESTEAD

State

FL

Zip Code

33030-3854

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

Date 06/24/2003

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/T/ S/D	CHARLIE CARL ANDERSON	30685 SW 188 CT	HOMESTEAD FL 33030-3854

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:

CHARLIE CARL ANDERSON, DIRECTOR 06/24/2003 305-903-7197

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)