

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 OCT 15 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000103282

1. Corporation Name

Decorative Concrete Supply Inc.

2. Principal Office Address

8232 NW 56 St.

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33166

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Same

Zip

Same

Country

Same

**4. Date Incorporated or Qualified
To Do Business in Florida:** 12/11/98

5. FEI Number

65-0881839

Applied

Not App

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee
for a Certificate of S

REINSTATEMENT 2001

7. Name and Address of Current Registered Agent

Name

Arturo Pinto

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

8250 SW 118 Terr.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33156

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**

REGISTERED AGENT MUST SIGN

Date

10/11/01

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
D	Arturo Pinto	8250 SW 118 Terrace	Miami, FL 33156

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 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: Arturo Pinto

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/2001

Date

(305) 468-9998

Daytime Phone #