

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 27 AM 9:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P980000103282

1. Corporation Name

DECORATIVE CONCRETE SUPPLY, INC.

REINSTATEMENT 03

800024169418
10/27/03--01075--021 **150.00

2. Principal Office Address

8232 NW 56 STREET

3. Mailing Office Address

8232 NW 56 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI

City & State

MIAMI

Zip

FL

Country

USA

Zip

33166

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/11/98

5. FEI Number

65-0881839

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

ARTURO PINTO

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

8232 NW 56 STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33166

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

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	ARTURO PINTO	8232 NW 56 STREET	MIAMI, FL 33166

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

09/22/03

Date

(305) 468-9998

Daytime Phone #

CR2E081 (10/02)

21 10/30

Decorative Concrete Supply, Inc.

8232 NW 56th Street
Miami, FL 33166

September 22, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

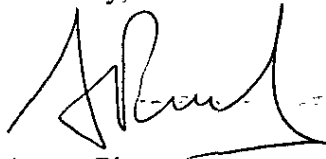
REF: Decorative Concrete Supply, Inc.
Document # P980000103282
EIN# 65-0881839

To Whom It May Concern:

I am writing this letter due to the fact that I did not receive my 2003 annual report for the company referenced above. Therefore attached please find a check in the amount of \$ 150.00 and a corporation reinstatement.

I regret any inconvenience this may have caused and hereby respectfully request that you please understand the above-mentioned circumstances and hereby grant me to keep the name of my corporation active. Please waive any penalty and interest due. I thank you in advance for your time and support in this matter. If any further information is needed please feel free to contact me at the above referenced phone number.

Sincerely,



Arturo Pinto
President