

APPLICATION
FOR
REINSTATEMENT

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

FILED

01 JAN -4 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

999000090688

1 Corporation Name DECORO HOMES & INVESTMENTS, INC.

Principal Place of Business

Mailing Address

222 N.E. 27th STREET
MIAMI, FL 33137

REINSTATEMENT

00.

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 10/14/99	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0957417	
City & State		City & State		Applied For	
Zip		Country		Not Applicable	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PVST	PALACIOS, FABIAN	222 N.E. 27th ST.	MIAMI, FL 33137
D	PALACIOS, FABIAN	222 N.E. 27th ST.	MIAMI, FL 33137

200003532652--7
01/11/01-01040-025
****758.75 ****758.75
LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MALLOGGI, VALENTINO
222 N.E. 27th STREET
MIAMI, FL 33137

Name Fabian Palacios

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

222 NE. 27 Street

Suite, Apt. #, Etc.

City Miami

State FL

Zip Code 33137

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 12-10-00

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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

Date

Daytime Phone #

10/2/00 (305) 525-3128