

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 30 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 00 01

100031357861
03/29/04--01097--013 ***10.00

100031357861
03/29/04--01097--012 ***250.00

100031357861
03/29/04--01097--011 ***500.00

DOCUMENT # 999000099743

1. Corporation Name

Deco-Life

2. Principal Office Address

3161 W Sunrise Blvd

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33311

Country

3. Mailing Office Address

4137 NW 98th Ave

Suite, Apt. #, etc.

City & State

Fort Sunrise, FL

Zip

33351

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0962054

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

Se. Sung Yi

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

4137 NW 98th Ave

Suite, Apt. #, Etc.

City

Sunrise

State

FL

Zip Code

33351

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

3/17/04

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
PDT	Se. Sung Yi	4127 NW 98th Ave	Sunrise FL-33351
SD	Young Ho Yi	4137 NW 98th Ave	Sunrise FL-33351

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

3/17/04

Date

954 5599678

Daytime Phone #

CR2E081 (01/04)

Livelong

Department of State
Division of Corporations
Box 6327
Tallahassee, FL 32314

RE: DECO-LIFE INC
P99000000743

March 17, 2004

With regard to the above referenced corporation, please find our enclosed check in the amount of \$750.00 representing the \$150.00 annual report filing fee for the years 2000 thru 2004 and the completed application for reinstatement.

Shortly after the corporation was formed, the business address changed and the owners of the business never received the annual report forms.

We would greatly appreciate it if you would reinstate the corporation as soon as possible and we thank you for your kind consideration.

Sincerely, ..



Alexander A. Acuti
Staff Accountant

*Note: Please send written confirmation
as soon as possible.*

March 17, 2004

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

RE: DECO-LIFE INC
P99000000743

To Whom It May Concern:

We are enclosing additional check in the amount of \$10.00 (money order) so you can send a letter of good standing of our corporation with Tallahassee. We need this letter as soon as possible. Please indicate Deco-Life Inc. in an active corporation and it is in good standing with Division of Corporation.

Sincerely,


Se Sung Yi