

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

14 JAN -2 PM 2:51

SECRETARY OF STATE  
TALLAHASSEE, FL 32301

DOCUMENT # **V29199**

1. Corporation Name

**JOY DECO ENTERPRISES, INC.**

2. Principal Office Address - No P.O. Box #

**6435 OCEAN DRIVE**

Suite, Apt. #, etc.

City & State

**MARGATE**

Zip

**33063**

Country

**USA**

3. Mailing Office Address

**3891 NW 35 ST.**

Suite, Apt. #, etc.

**1503**

City & State

**COCONUT  
FLORIDA**

Zip

**33066**

Country

**USA.**

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

**1991**

5. FEI Number

**650327413**

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

**JOE P. DECO**

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

**3895 NW 35 ST.**

Suite, Apt. #, Etc.

**1501**

City

**COCONUT**

State

**FL**

Zip Code

**33066**

**700255184687**  
01/02/14--01033--006 \*\*\$750.00

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

**JOE P. DECO**  
REGISTERED AGENT MUST SIGN

Date

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

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Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	JOY DECO	6435 OCEAN DR. <del>MARGATE FL 33063</del>	MARGATE FL 33063
VIC P	JOE P. DECO	3895 NW 35 ST	COCONUT CK FL 33066
SEC/TREAS	JOANN DECO	3895 NW 35 ST.	COCONUT CK FL 33066

10. E-mail Address: **DECOJOE222@GMAIL.COM**

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

**JOE P. DECO**

**JOE P. DECO**

**12/31/13**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

JAN -2 2014

954-609 8395

954-586-4147