

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
 CLERK OF STATE  
 DIVISION OF CORPORATIONS  
 03 AUG 15 PM 12:17

**CORPORATION  
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P-01000024152  
 1. Corporation Name 1438 DECOPLAGE Inc

2. Principal Office Address 7 HERONS PLACE  
 3. Mailing Office Address c/o Simone Simon PA 9100 So Dadeland Blvd  
~~AS PRIME P.O. ADDRESS~~

Suite, Apt. #, etc. SUITE 504  
 City & State MIAMI FL  
 Zip 33156 Country USA  
 City & State MIDDLESEX ENGLAND

**REINSTATEMENT 02-03**

4. Date incorporated or Qualified To Do Business in Florida 3 AUGUST 2001  
 5. FEI Number 65-1084709  
 6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name JOY B. SPILL  
 Street Address (P.O. Box Number is Not Acceptable) ONE DATRAN CENTER 9100 SO. DADELAND BOULEVARD  
 Suite, Apt. #, Etc. SUITE 504  
 City MIAMI  
 State FL Zip Code 33156-7815  
 08/15/03--01051--013 \*\*918.75

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 Joy B Spill Date 8-13-03  
 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
<u>PDR</u>	<u>ANTHONY GLASSBOROW</u>	<u>7 HERONS PLACE</u>	<u>ISLEWORTH, MIDDX, TW77BE U.K</u>

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: A. GLASSBOROW Date 9 August 2003 Daytime Phone # 44-208-7580672

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(mos.li)

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