

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 JUL -1 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name
**ABC ALL BLINDS
CENTER INC. V37021**

2. Principal Office Address
11400 SW 68 CT

Suite, Apt. #, etc.

City & State
Miami FL

Zip Country
33156 US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip Country
33156

4. Date Incorporated or Qualified To Do Business in Florida
02-10-1992

5. FEI Number
65-0316544

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Clifford Konfield ~~_____~~ **700006234817--5**
Street Address (P.O. Box Number is Not Acceptable)
11400 SW 68 CT **-07/08/02-01003-018**
Suite, Apt. #, Etc.
******923.75 ****823.75**
City
Miami FL 33156 State **FL** Zip Code **33156**

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 **CYM** Date **6/19/02**
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
PRES	Tommy Rizk	6643 NW 174 LN	Miami FLA 33015

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: **Tommy Rizk** Date **06-19-02** Daytime Phone # **395-710-3292**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)

6/22/02