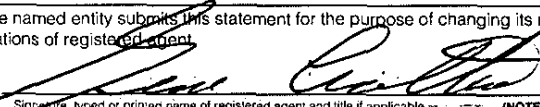
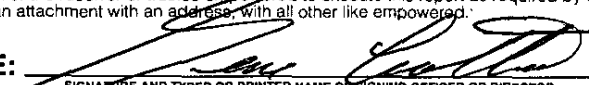


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # V55428 1. Entity Name SUNCOAST BLINDS & TINTING, INC.						FILED 04 OCT 25 PM 3:49 SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT 2004 	
Principal Place of Business 5040 ESPLANADE ST. BONITA SPRINGS, FL 34134 US				Mailing Address 5040 ESPLANADE ST. BONITA SPRINGS, FL 34134 US			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 65-0346137				Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CROTTEAU, GENE 5040 ESPLANADE ST. BONITA SPRINGS, FL 34134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE  10-20-04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE P ☐ Delete NAME CROTTEAU, GENE STREET ADDRESS 5040 ESPLANADE ST. CITY-ST-ZIP BONITA SPRINGS, FL 34134				TITLE PRES ☐ Change ☐ Addition NAME GENE STREET ADDRESS CITY-ST-ZIP			
TITLE VP ☐ Delete NAME CROTTEAU, BEN STREET ADDRESS 3981 BENNETT LANE CITY-ST-ZIP BONITA SPRINGS, FL 34134				TITLE V.P. ☒ Change ☐ Addition NAME Ben Crotteau STREET ADDRESS 26653 Hickory Blvd. CITY-ST-ZIP Bonita Springs, FL 34134			
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE:  10-20-04 239-495-6558 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							