PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAY 23 PM 3:40

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V55428

1. Corporation Name
SUNCOAST BLINDS & TINTING, INC.

REINSTATEMENT 02-03
GP

2. Principal Office Address	3. Mailing Office Address
5040 ESPLANADE ST	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BONITA SPRINGS FL	City & State
Zip: 34134 Country: LEE	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 5-11-95

5. FEI Number: 65-0346137 ☐ 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: GENE CROTTEAU

Street Address (P.O. Box Number is Not Acceptable): 5040 ESPLANADE ST

Suite, Apt. #, Etc.:

City: BONITA SPRINGS FL 34134 State: FL Zip Code: 34134

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: Gene Crotteau Date: 5 20 03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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	GENE CROTTEAU	5040 ESPLANADE ST	BONITA SPRINGS FL 3413
V. PRES	BEN CROTTEAU	3981 BENNETT LANE	BONITA SPRINGS FL 34134

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: Gene Crotteau 5-21-03 2394956558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 105710 7379970

AUTHORIZATION Patricia Pippitt

COST LIMIT : $ 900.00

ORDER DATE : May 23, 2003

ORDER TIME : 1:33 PM

ORDER NO. : 105710-005

CUSTOMER NO: 7379970

CUSTOMER: Mr. Gene Crotteau
Suncoast Blinds & Tinting,
5040 Esplanade Street

Bonita Springs, FL 34134

DOMESTIC FILINGS

NAME: SUNCOAST BLINDS & TINTING, INC.

RECEIVED
03 MAY 23 PM 2:32
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward, Ext. 1135

EXAMINER'S INITIALS _____