

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JAN 21 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000004886

1. Corporation Name

BLINDS DIRECT, INC.

Principal Place of Business

110 S. JUSTICE ST.
OXFORD IN 47971-0066

Mailing Address

110 S. JUSTICE ST.
OXFORD IN 47971-0066



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 910

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/10/1995	
City & State		City & State		5. FEI Number	
Zip		Country		35-1958242	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	SENESAC, POLET	RR #2, BOX 31	OTTERBEIN IN 47970
STD	PARIENT, ROGER A	200 N. 6TH ST.	ATTICA IN 47918
DC	SENESAC, WAYNE	404 E. LUIN ST.	OXFORD IN 47971
			400002067564--7 -01/24/97--01041--006 ****375.00 ****375.00
			101-22-97

8. Name and Address of Current Registered Agent

ZALEVKE, GEORGE
2502 S. FEDERAL HWY., (US 1)
FT. PIERCE FL 32982

9. Name and Address of New Registered Agent

Name Susan Nicholson
Street Address (P.O. Box Number is Not Acceptable)
1243-C NORTH HARBOUR CITY BLVD
Suite, Apt. #, Etc.
City MELBOURNE
State FL Zip Code 32935

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Susan M. Nicholson
REGISTERED AGENT MUST SIGN

Date 1-17-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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: *Roger A. Parent* Jan. 15, 1997 317-385-2637
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #