

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # M21278

1. Corporation Name

VERTICAL BLINDS U.S.A., INC.

Principal Place of Business
**13902
43907 HILLSBOROUGH AVE.
TAMPA FL 33635**

Mailing Address
**13902 W. HILLSBOROUGH AVE.
TAMPA FL 33635
US**

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 09/30/1985	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2584240	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$6.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PSD	PAGANI, ALBERTO H.	12807 HILLSBOROUGH AVE.	TAMPA FL
VT	PAGANI, MARTA S	13902 W. HILLSBOROUGH AVE.	TAMPA FL
TR	PAGANI, ADRIAN A	13902 W. HILLSBOROUGH AVE.	TAMPA FL
TR	PAGANI, FABIO E	13902 W. HILLBOROUGH AVE.	TAMPA FL
TR	PAGANI, CARINA S	13902 W. HILLBOROUGH AVE.	TAMPA FL

REINSTATEMENT

8. Name and Address of Current Registered Agent

**PAGANI, ALBERTO H.
13902 W. HILLSBOROUGH AVE.
TAMPA FL 33635**

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State FL Zip Code

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

3-9-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

Daytime Phone #

3-9-98

CR2040 (8/97)