

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # M64053

1. Corporation Name

Atlantic Vertical Blind, Inc.

2. Principal Office Address

117 N.E. 5TH AVENUE

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

Country

33483

3. Mailing Office Address

117 N.E. 5TH AVENUE

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

Country

33483

FILED

01 DEC 24 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/08/1988

5. FEI Number

65-0020480

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

Dwayne C. Sprenger

Street Address (P.O. Box Number is Not Acceptable)

921 Cypress Drive

Suite, Apt. #, Etc.

100004779571-0

-01/17/02--01005--006

****450.00 ****450.00

City

Delray Beach

State

FL

Zip Code

33483

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11-26-01

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
P	Dwayne C. Sprenger	921 Cypress Drive	Delray Beach, FL 33483
VP	Anne M. Sprenger	921 Cypress Drive	Delray Beach, FL 33483

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dwayne C. Sprenger

Date

11-26-01 581-2765740

Daytime Phone #

CR2E081 (9/99)

2012

Atlantic Vertical Blinds, Inc.
117 N.E. 5th Avenue
Delray Beach, FL 33483
(561) 276-5740 phone
(561) 276-9711 fax

November 16, 2001

Department of State
Division of Corporate
Florida Department of Revenue
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir/Madam,

Re: Atlantic Vertical Blind, Inc.
FEIN: 65-0020480

Please waive the reinstatement fee due to non-receipt of the previous annual uniform reports.

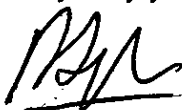
Our previous address was: 765 S.W. 15th Avenue
Delray Beach, FL 33444

Our current address is: 117 N.E. 5th Avenue
Delray Beach, FL 33483

We hereby respectfully request a waiver for the penalty. Enclosed is a check in the amount of \$450.00 for the years of 1999, 2000, and 2001.

If you require any additional information, please contact me. Thank you for your assistance.

Very truly yours,



Dwayne C. Sprenger