

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 23 AM 10:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000000921

1. Corporation Name

Charlotte Vertical Blinds, inc.

2. Principal Office Address

1129 Tamiami Tr

Suite, Apt. #, etc.

#6

City & State

Port Charlotte FL

Zip 33953

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

March, 2000

5. FEI Number

65-0976072

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

Michael J. McFarland

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

1129 TAMAMI TR.

Suite, Apt. #, Etc.

#6

City

Port Charlotte

State  
FL

Zip Code

33953

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

Michael McFarland

REGISTERED AGENT MUST SIGN

Date

12/19/02

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	Michael J McFarland	26293 Asuncion Dr.	Punta Gorda FL 33953

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: Michael J. McFarland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/19/02 941-627-2661

Date

Daytime Phone #

CR2E081 (9/01)

12/30

CHARLOTTE VERTICAL BLINDS Inc  
1129 Tamiami Tr. #6  
Port Charlotte, Fl 33953

12/18/02

FLORIDA DEPT. OF STATE  
DIVISION OF CORPORATIONS

Dear Mr. Jim Smith:

Trying to run a small Florida corporation by myself is sometimes overwhelming. I find myself wearing too many hats at one time. I just Can't stay on top of everything, thus, the reason for my letter.

I just started with a new CPA and she tells me my corporation is behind With certain filings and fees. I contacted your office and they told me what I needed to do. They told me I should have received certain yearly filings. I honestly do not recall any correspondence from your office addressing this Issue.

I am inclosing the yearly filing fees and requesting that any penalties be removed from my account. I with the help of my new CPA will stay on top of this issue from now on.

Thanking you in advance

  
Michael McFarland