

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 APR -4 AM 11:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000015903

1. Corporation Name

Carissa Romero, Inc.

2. Principal Office Address

8612 Pensacola Blvd.

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32534

Country

Escambia

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

02/09/2000

5. FEI Number

593624237

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$6.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Carissa Romero

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

60 Hwy 97

Suite, Apt. #, Etc.

City

Molino

State  
FL

Zip Code

32577

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

Carissa Romero Pres.

Date 03/27/03

REGISTERED AGENT MUST SIGN

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
President	Carissa Romero	60 Hwy 97	Molino, FL 32577
<del> </del>			
<del> </del>			
<del> </del>			

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 617.0431, 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:

Carissa Romero Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/27/03

Date

850-474-1107

Daytime Phone #

gr 4h

**Carissa Romero, Inc. d.b.a.  
All Pro Blinds  
8612 Pensacola Blvd.  
Pensacola, FL 32534  
ph:850-474-1107  
fax:850-474-1120**

**TO WHOM IT MAY CONCERN,**

**HERE IS AN APPLICATION FOR CORPORATE REINSTATEMENT  
ALONG WITH A BUSINESS CHECK IN THE AMOUNT OF \$300.00. I  
NEVER KNEW THAT THIS WAS SOMETHING THAT HAD TO BE  
DONE ONCE A YEAR, OR EVEN AT ALL. I APOLOGIZE AND NOW  
KNOW TO REINSTATE ONCE A YEAR. IF YOU NEED TO SPEAK  
WITH ME PLEASE CALL.**

**THANK YOU,**

*Carissa Romero Pres.*

**CRAISSA ROMERO PRES.**