

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JUL 18 AM 8:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

FLORIDA INTERNATIONAL BLINDS FACTORY, CORP.

2. Principal Office Address

20855 NE 16TH AVENUE

3. Mailing Office Address

20855 NE 16TH AVENUE

Suite, Apt. #, etc.

SUITE C - 36

Suite, Apt. #, etc.

SUITE C - 36

City & State

NORTH MIAMI BEACH, FL

City & State

NORTH MIAMI BEACH, FL

Zip

33179

Country

USA

Zip

33179

Country

USA

000021783580  
07/25/03--01019--011 \*\*300.00

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-1003184

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

DE OLIVEIRA JAIRO B

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

20855 NE 16TH AVENUE

Suite, Apt. #, Etc.

SUITE C 36

City

NORTH MIAMI BEACH

State

FL

Zip Code

33179

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

REGISTERED AGENT MUST SIGN

Date

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
PSD	DE OLIVEIRA JAIRO B 20855 NE 16TH AVENUE SUITE C- 36 NORTH MIAMI BEACH, FL 33179		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

07/08/03 305 249 0680

CR2E081 (10/02)

Attachment#

June 10, 2003

DEPARTMENT OF STATE  
Uniform Business Report dept.  
Tallahassee, Florida

TO WHOM IT MAY CONCERN

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This letter is regarding the renewal for my corporation, FLORIDA INTERNATIONAL BLINDS FACTORY, CORP. (P 00000039664/FEIN # 65-10031840) for the year 2003.

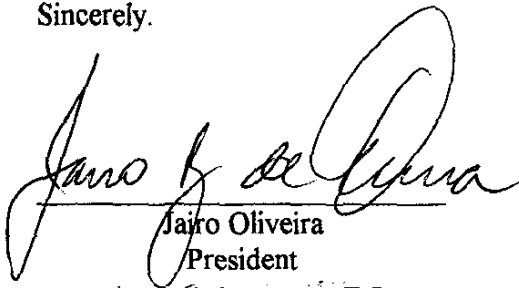
My corporation is a small business, I am the only person who handles the company's paperwork and since I not familiar with the corporation I was not aware of filing this form every year.

I am sending this check for \$300.00 to pay for the renewal for the years 2002 and 2003.

Please excuse me for this oversight.

I appreciate all your help with this matter.

Sincerely,



Jairo Oliveira  
President