

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC -8 AM 10:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000061854**

1. Corporation Name

**BLINDS EXPRESS MFG CO, INC.**

Principal Place of Business

~~111 WEST HIGHLAND DR.  
LAKELAND FL 33813~~

Mailing Address

~~111 WEST HIGHLAND DR.  
LAKELAND FL 33813~~

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

2. New Principal Office Address, If Applicable

~~5715 Yates Rd~~

Suite, Apt. #, etc.

~~Lakeland, FL~~

~~Zip 33811 Country USA~~

3. New Mailing Office Address, If Applicable

~~5715 Yates Rd~~

Suite, Apt. #, etc.

~~Lakeland, FL~~

~~Zip 33811 Country USA~~

REINSTATEMENT 03

4. Date Incorporated or Qualified  
To Do Business in Florida

06/22/2000

5. FEI Number

~~59-3652678~~

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	CRAWLEY, JOE N	111 WEST HIGHLAND DR	LAKELAND FL 33813
VSTD	CRAWLEY, SHARON G	111 WEST HIGHLAND DR	LAKELAND FL 33813

900025329779  
12/08/03--01083--016 \*\*150.00

8. Name and Address of Current Registered Agent

~~CRAWLEY, SHARON G~~  
~~111 WEST HIGHLAND DR.~~  
~~LAKELAND FL 33813~~

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

~~Lakeland~~

State

~~FL~~

Zip Code

~~33811~~

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Sharon G. Crawley*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date **11-10-03**

11. 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:

*Sharon G. Crawley*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11-10-03**  
Date

**863**  
**701-8662**  
Daytime Phone #

CR2E040 (7/03)

## BLINDS EXPRESS MFG. CO. INC.

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5715 Yates Rd.  
Lakeland, FL 33811  
863-701-8662

November 26, 2003

To Whom it May Concern,

We recently had a notice for Reinstatement of our business. After speaking to someone on the phone they had said some previous papers might have been lost in the mail. This is our first notice and we are enclosing a check for \$150.00 for Reinstatement of our business as the gentleman on the phone told us to do. If there are any questions please call our office since this is all new to us.

Sincerely,



Sharon Crawley  
Blinds Express Mfg. Co. Inc.