

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 24 PM 5:28

DOCUMENT # PO1600005249

1. Corporation Name

Carpet & Blind designs, inc.

700065072097
02/02/06--01010--026 **1350.00

REINSTATEMENT 02-06
CR2E081 (12/05)

2. Principal Office Address

801 International Pkwy

3. Mailing Office Address

801 International Parkway

Suite, Apt. #, etc.

Suite 500

Suite, Apt. #, etc.

Suite 500

City & State

Orlando FL

City & State

Orlando FL

Zip

32746

Country

USA

Zip

32746

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/11/2001

5. FEI Number

20-1913481

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

Florence C Manda

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

801 International Parkway

Suite, Apt. #, Etc.

500

City

Orlando

State
FL

Zip Code

32746

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

Florence C Manda

Date

1/18/06

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
<u>Pres</u>	<u>Florence manda</u>	<u>801 International Parkway Suite 500</u>	<u>Orlando, FL 32746</u>

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 contained in Chapter 119, 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:

Florence C Manda

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/18/06

Daytime Phone #

407 426 722