

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 AUG 17 AM 7:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000067616

1. Corporation Name

Blindster, Inc.

2. Principal Office Address - No P.O. Box #
4016 Maguire Blvd.

3. Mailing Office Address
4016 Maguire Blvd.

Suite, Apt. #, etc.
Unit 3214

Suite, Apt. #, etc.
Unit 3214

City & State
Orlando Florida

City & State
Orlando Florida

Zip
32803

Country
USA

Zip
32803

Country
USA

REINSTATEMENT 05-07

4. Date Incorporated or Qualified
To Do Business in Florida **July 10, 2001**

5. FEI Number
65-1120848

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
Dennis A. Horn

Street Address (P.O. Box Number is Not Acceptable)
4016 Maguire Blvd.

Suite, Apt. #, etc.
Unit 3214

City
Orlando

State
FL

Zip Code
32803

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date **8-12-07**

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
PD	Dennis A. Horn (Pres/dir)	4016 Maguire Blvd. Unit 3214	Orlando Florida 32803
ST	William K. Horn (Sec/treas)	11875 Boulder Bay Road	Eden Prairie, MN 55344

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:

8-12-07

612-803-9712

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #