

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 Jim Smith  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

02 NOV 22 AM 10:55

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P01000109094

1. Corporation Name

IN HOME WINDOW TREATMENTS, INC.

Principal Place of Business

Mailing Address

1791 CORAL RIDGE DRIVE  
 CORAL SPRINGS FL 33071

1791 CORAL RIDGE DRIVE  
 CORAL SPRINGS FL 33071



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

11/14/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

-16-00-351438-291

Not Applicable

Zip

Country

Zip

Country

33021

33021

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
PSTD	COLON, ROBIN	1791 CORAL RIDGE DRIVE	CORAL SPRINGS FL 33071
PSTD	Colon Robin	3410 EMERALD POINT DR	Hollywood FL 33021 <sup>APT 102A</sup>

600003176606  
 11/22/02--01087--007 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COLON, ROBIN  
 1791 CORAL RIDGE DRIVE  
 CORAL SPRINGS FL 33071

Name Robin Colon  
 Street Address (P.O. Box Number is Not Acceptable)  
 -3410 EMERALD POINT DR  
 Suite, Apt. #, Etc.  
 102-A  
 City Hollywood State FL Zip Code 33021

CR2E040 (8/02)

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 SIGNATURE REQUIRED  
 REGISTERED AGENT MUST SIGN

Date 11/13/02

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: SIGNATURE REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/13/02 (954)  
 Daytime Phone # 445-8899



IN-HOME WINDOW TREATMENTS INC

3410 Emerald Pointe Drive  
Hollywood FL 33021  
Apt. 102A

Jim Smith  
Florida department of state  
P.O. Box 6327 Tallahassee FL  
32314

November 13, 1902

TO ALL PARTY CONCERN

we recently received a notice of revulsion and did not understand why.  
We are writing this letter in order to clear up this matter. Till this day we have not received uniform business report. We are including a check for \$150 reinstated.

Sincerely, ROBIN COLON



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Hollywood FL 33021  
Apt. 102A