

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 OCT 17 AM 8:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000054658**

1. Corporation Name

**US BLINDS INTERNET SALES, INC.**

Principal Place of Business

Mailing Address

1725 S NOVA RD A-6  
S. DAYTONA FL 32119

1725 S NOVA RD A-6  
S. DAYTONA FL 32119

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

05/14/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PS	RUSSELL, THOMAS W	1725 S NOVA RD A-6	S. DAYTONA FL 32119
VT	RUSSELL, ELIZABETH	1725 S NOVA RD A-6	S. DAYTONA FL 32119

300023920303  
10/17/03--01092--022 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RUSSELL, ELIZABETH  
14 TANGLEWOOD CIR  
ORMOND BCH FL 32176

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

*Elizabeth M. Russell*  
REGISTERED AGENT MUST SIGN

Date

10/14/03

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/14/03

Daytime Phone #

CR2E040 (7/03)

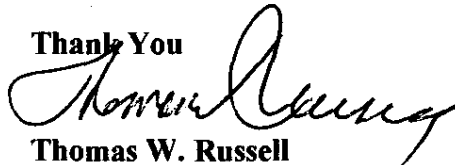
**October 14, 2003**

**U S Blinds Internet Sales, Inc.  
1725 S. Nova Rd. A-6  
S. Daytona, FL 32119**

**To Whom It May Concern,**

**I am sending an application for reinstatement of the corporation named above. With the application I am sending the filing fee of \$150.00. At this time I would like to request that the penalty be waived since I had not received the two prior notices mentioned in your packet.**

**Thank You**

A handwritten signature in black ink, appearing to read "Thomas W. Russell", written in a cursive style.

**Thomas W. Russell  
President-U S Blinds Internet Sales, Inc**