

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 DEC -7 PM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000116495

1. Corporation Name

The Blind Depot Wholesale
4500 N. Hiatus Rd #208
Sunrise, FL 33351200061992752
12/07/05--01042--004 **300.00

2. Principal Office Address

4500 N. Hiatus Rd

Suite, Apt. #, etc.

208

3. Mailing Office Address

2405 N.W. 13TH Ave

Suite, Apt. #, etc.

City & State

Sunrise FL

City & State

Sunrise FL

Zip

33351

Country

Broward

Zip

33323

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

10/16/03

5. FEI Number

20-0347188

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

Pamela Maria Verdesoto

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

2405 NW 13TH Ave

Suite, Apt. #, Etc.

City

Sunrise FL 33323

State

FL

Zip Code

33323

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.

Signature of
Registered Agent

Date 12/5/05

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
P.O.V.P.	Pamela M. Verdesoto	2405 NW 13TH Ave	Sunrise, FL 33323

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 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

12/5/05

Date

Daytime Phone #

M. Williams DEC - 7 2005

**The Blind Depot Wholesale, Inc.
2405 N.W. 137th Avenue
Sunrise, FL 33351**

December 5, 2005

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

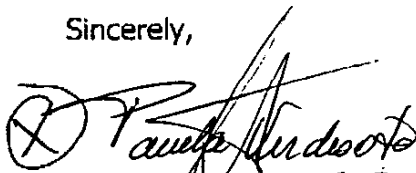
Re: The Blind Depot Wholesale, Inc.
Document Number- P03000116495

Dear Sir or Madam:

I am the President of The Blind Depot Wholesale, Inc. I recently became aware that my corporation lapsed with the state. Please be advised that the necessary renewal documents were never received by my office since the address currently on file with the state has not been updated. I have enclosed a reinstatement form to update my company along with a check in the amount of \$ 300.00 for the renewal fees for 2004 and 2005.

Based on the foregoing, I respectfully request that you please remove the late filing penalties and accept my reinstatement form. Your help and understanding in this matter would be greatly appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read "Pamela Verdesoto", with a circular mark to the left.

Pamela Verdesoto
President

Enclosures