

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 OCT 30 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (1/07)



**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PD3000145113

1. Corporation Name

HIMMELBERG'S HIDDEN SCREENS, INC.

2. Principal Office Address - No P.O. Box #

830 THIRD ST SOUTH UNIT 102

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE BEACH, FL

City & State

Zip

32250

Country

DUVAL

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

12/01/03

5. FEI Number

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
ALEX M HIMMELBERG

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

908 14TH AVENUE

Suite, Apt. #, Etc.

City
JACKSONVILLE BEACH, FLORIDA 32250

State
FL

Zip Code

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

10/25/07

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
P/VP	ALEX M HIMMELBERG	908 14TH AVENUE	JACKSONVILLE BEACH, FL

700111466477

10/30/07--01007--004 **300.00

REINSTATEMENT

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/5/07

Daytime Phone #