

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 30 PM 3 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-10

700179465787
04/30/10--01057--008 **150.00

CR2E081 (11/09)

DOCUMENT # **P04000027265**

1. Corporation Name

3B's Custom Blind Inc.

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

957 Drexel Ave.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clermont FL

City & State

Same

Zip

34711

Country

Lake

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02-09-04

5. FEI Number

200715994

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

Wilfredo Felix

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

957 Drexel Ave.

Suite, Apt. #, Etc.

City

Clermont

State

FL

Zip Code

34711

☒ 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.

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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

Wilfredo Felix

REGISTERED AGENT MUST SIGN

Date **04- -10**

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
OWNER	Wilfredo Felix	957 Drexel Ave.	Clermont FL 34711

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CC5/4

10. E-mail Address: **blinds4u@live.com**

(To be used for future annual report notification)

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. I further certify, 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:

Wilfredo Felix

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04- -10 352 250 6927

Date

Daytime Phone #