

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000039725

**FILED**  
**Dec 20, 2010**  
**Secretary of State**

**Entity Name:** CHAPLIN'S WINDOW TREATMENT, INC.

**Current Principal Place of Business:**

1813 NW 38 AVE  
FT LAUDERDALE, FL 33311

**New Principal Place of Business:**

17567 93 RD N  
LOXHATCHEE, FL 33470

**Current Mailing Address:**

17567 93RD NORTH  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

17567 93 RD N  
LOXHATCHEE, FL 33470

**FEI Number:** 42-1625167

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CAMPBELL, CHAPLIN  
17567 93RD NORTH  
LOXAHATCHEE, FL 33470 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** CHAPLIN CAMPBELL

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** CAMPBELL, CHAPLIN  
**Address:** 17567 93RD NORTH  
**City-St-Zip:** LOXAHATCHEE, FL 33470

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** CHAPLIN CAMPBELL

CEO

12/20/2010

Electronic Signature of Signing Officer or Director

Date