

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

|  |   |  |   |  |  |
|--|---|--|---|--|--|
| <b>DOCUMENT # P06000049250</b><br>1. Entity Name<br><b>BLINDS SOLUTION ENTERPRISES, INC.</b>   |   |  |   | <b>FILED</b><br><b>08 NOV 19 AM 9:26</b><br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA |  |
| Principal Place of Business<br><b>8201 NW 66TH ST</b><br><b>MIAMI, FL 33166</b>  |   | Mailing Address<br><b>8201 NW 66TH ST</b><br><b>MIAMI, FL 33166</b>          |   |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>9809 N.W. 80 Ave</b>  |   | 3. Mailing Address<br><b>9809 N.W. 80 Ave</b>                                |   |  |  |
| Suite, Apt. #, etc.<br><b>Unit 9C</b>  |   | Suite, Apt. #, etc.<br><b>Unit 9C</b>  |   |  |  |
| City & State<br><b>Hialeah Gardens</b>   |   | City & State<br><b>Hialeah Gardens</b>                                       |   |  |  |
| Zip<br><b>33016</b>  |   | Country<br><b>Miami-Dade</b>   |   | 11122008 REIN-P CR2E098 (1/07)   |  |
| Zip<br><b>33016</b>  |   | Country<br><b>Miami-Dade</b>   |   | 4. FEI Number<br><b>20-4617148</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |   | Applied For<br>Not Applicable  |   |  |  |
| 6. Name and Address of Current Registered Agent<br><b>DIAZ, RENIER</b><br><b>8201 NW 66TH ST</b><br><b>MIAMI, FL 33166</b>   |   |  | 7. Name and Address of New Registered Agent<br>Name <b>Oswaldo Aquino</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>9809 N.W. 80 Ave # 9C</b><br>City <b>Hialeah Gardens</b> FL Zip Code <b>33016</b> |  |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.<br>SIGNATURE  DATE <b>11/15/08</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |  |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After January 1, 2009, Fee will be \$300.00</b>   |   |  | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  |  |  |
| 10. OFFICERS AND DIRECTORS   |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PSD<br>DIAZ, RENIER<br>8201 NW 66TH ST<br>MIAMI, FL 33166                   | <input checked="" type="checkbox"/> Delete                                   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VTD<br>AQUINO, OSVALDO<br>8201 NW 66TH ST<br>MIAMI, FL 33166                | <input type="checkbox"/> Delete  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PSD<br>Aquino, Oswaldo<br>9809 NW 80 Ave U# 9C<br>Hialeah Gardens, FL 33016 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | 300138085373<br>11/15/08 - 01031 - 015 - **150.00                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |   |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |   |  |   |  |  |
| SIGNATURE:   |   |  | 11/15/08 (305)308-5990  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |  | Day Daytime Phone #   |  |  |

11/2000