

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 AUG 30 PM 3:36

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P1.0000102929
1. Corporation Name Curtains & Home Center INC

REINSTATEMENT 11-12

2. Principal Office Address - No P.O. Box # 2349 South H.W. Y 27
Suite, Apt. #, etc.

3. Mailing Office Address
2349 South H.W. Y 27
Suite, Apt. #, etc.

City & State
Clermont FL

City & State
Clermont FL

Zip 34711 Country Lake

Zip 34711 Country Lake

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida 12/22/2010

5. FEI Number
27-4358319

☐ 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 Rajkumar Kumar
Street Address (P.O. Box Number is Not Acceptable)
2517 Holly Berry Cir
Suite, Apt. #, Etc.

City Clermont State FL Zip Code 34711

100239107961
08/30/12--01033--013 **\$300.00

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 x R. Kumar

Date _____

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
President	Rajkumar Kumar	2517 Holly Berry Cir	Clermont FL 34711

AUG 30 2012

D. BUTLER

10. E-mail Address: curtainshomecenter@cfl.rr.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: R. Kumar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/25/12 239-728-1943
Date Daytime Phone #

352-404-8949