PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS ROP FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Morthem **FOR** FILED Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 96 NOV 27 AH 11: 19 DOCUMENT # P95000049442 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA **VERTICAL BLIND OUTLET 2. INC.** Principal Place of Business Mailing Address 641 E GUIF to ZA/W 7 mla LECANTO 3 . 34461 If above addresses are incorrect in any way, line through incorrect information and enter correction bek 2. New Principal Office Address, If Applicable 3. New Malling Office Address, If Applicable 08/22/1995 Suite, Apt. #, etc 5. FEI Number 6415 GU G4/5 Applied For 058 98 65 Not Applicable CERTIFICATE OF STATUS DESIRED 34461 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) and/or Directors Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip 9311 SOUTHWEST STATE ROAD 200 BO OCALA FE 34481 241 D **NOEL, DONNA** 100002018071 -12/03/96--01117--009 ****375.00 ****375.00 9. Name and Address of New Regis 8. Name and Address of Current Registered Agent MES. BOOL A.ECO. - 2420 NORTH ESSEX AVENUE HEDNANDO FL 24442 10. I, being appointed the registered agent of the a ove named car ofation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Date REGISTERED AGENT MUST SIGN (See other side for information on intangible tax.) Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. No Yes 12. 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 filling 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 under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my elements eshall have the same legal effect as if make under oath.

SIGP

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Daytime Phone 6

Date