| APPLICATION FOR | ALL INSTRUCTIONS FLORIDA DEPARTME Sandra B. Mor Secretary of S | NT OF STATE | OMPLETING | | |
|--|---|---|--|--|---|
| REINSTATEMENT DIVISION OF CORPOR | | RATIONS | FILED | | |
| DOCUMENT # P95000055276 1. Corporation Name | | | 98 JUN 25 AM 9:51 | | |
| Custom Blinds & Dosigns INC | | | SECRETARY OF STATE TALLAMASSEE, FLORIDA | | |
| Principal Place of Business 10201 Hwy 48 w 5 | Mailing Address | | | | |
| Destro, Pl. 32541 | | | INSTATEMENT 9798 | | |
| If above addresses are incorrect in any way, line thro 2. New Principal Office Address, II Applicable | correction below. Applicable | Date Incorporated | | | |
| Suite, Api #, etc. | Suite, Apt. #, etc. | | To Do Business in Florida June 95 5. FEI Number Applied For | | |
| City & State | City & State | | 59-3328836 Not Applied For | | |
| Zip Country | Zip Country | у | 6. CERTIFICATE OF S | | Additional Fee required a Certificate of Status |
| 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 Offi | | | tor City / State / Zip | | |
| Pres HORAGE CODU | 674 | 0.0 Bc | .0. | Destru Fl | 32541 |
| Pres HORACE CObur UPTes Martin Tank | ersley Old Ca | urniouse C | 100 | .wn tm 0025761 -06/30/9801 *****900,00 | . 01 5 |
| | | | | | |
| Name and Address of Current Registered Agent Name | | | 9. Name and Address of New Registered Agent | | |
| HURACE CODURS | Street Address (P. | O. Box Number is Not | Acceptable) | | |
| HORACE COBURGER Etemeras Bay de Bestro F1 30541 | | Suite, Apt. #, Etc. | | | |
| Destro M 3359 | City State Zip Code | | | | |
| 10. I. being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Section 607.0505, F.S. Date 4/27/48 | | | | | |
| 11. This corporation owes or ha | s paid the current yea | ar Yes 🗗 | No 🗆 | (See other side to on intangib | |
| 12. I certify that I am an officer or director or the receive this reinstatement application, the reason for dissolution owed by the corporation have been paid and the nation this application is true and accurate, and my sign | ution has been eliminated, the corpor times of individuals listed on this form | rate name satisfies the n do not qualify for a | ne requirements of sect in exemption under sec | tion 607.0401 or 617.0401 | , F.S., that all fees |
| SIGNATURE: SURNATURE AND TYPED ON PHIN | TEO NAME OF SIGNING OFFICER OR D | MARTI TANKE | IN RSIEY / | Daylir (S. Daylir | 350 0 3933 nu Phono # |