PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

98 JUN 24 AM 10:47
TALLAHASSEE, FLORIDA

DOCUMENT # P95000085282

1. Corporation Name
AAA Blinds Factory, Inc.

Principal Place of Business / Mailing Address
2590 Golden Gate Pkwy Ste 101
Naples, FL 34105

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida 11/13/95

5. FEI Number 58-2226570 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Vice-Pres.	Gary W. Wittock	2590 Golden Gate Pkwy Ste 101	Naples, FL 34105

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-06/25/98--01093--003
*****300.00 *****300.00

97-98

REINSTATEMENT

5c 6-24-98

8. Name and Address of Current Registered Agent
Turner, B.F.
2611 W. Cleveland St.
Plant City, FL 33567

9. Name and Address of New Registered Agent
Name: Gary W. Wittock CPA
Street Address (P.O. Box Number is Not Acceptable): 2590 Golden Gate Pkwy Ste 101
Suite, Apt. #, Etc.:
City: Naples, FL
State: FL Zip Code: 34105

CR2E040 (12/96)

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: [signature] REGISTERED AGENT MUST SIGN Date: 6/23/98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

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 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., 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 signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] Gary W. Wittock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/23/98 Date
941-434-5818 Daytime Phone #