

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 13 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000034550

1. Corporation Name

The Blind Expert, Inc.

REINSTATEMENT 03
400024652314
11/13/03--01061--021 **750.00

2. Principal Office Address

7935 Airport Pulling Road

3. Mailing Office Address

7935 Airport Pulling Road

Suite, Apt. #, etc.

Suite 12

Suite, Apt. #, etc.

Suite 12

City & State

Naples, FL

City & State

Naples, FL

Zip

34109

Country

USA

Zip

34109

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

April 17, 1996

5. FEI Number

65-0665357

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

Rene Gonzalez

Street Address (P.O. Box Number is Not Acceptable)

7935 Airport Pulling Road

Suite, Apt. #, Etc.

Suite 12

City

Naples

State

FL

Zip Code

34109

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

Rene Gonzalez
REGISTERED AGENT MUST SIGN

Date *11-06-03*

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
PS	Rene Gonzalez	7935 Airport Pulling Road, Suite 12	Naples, FL 34109
VPT	Jose Puertas	7935 Airport Pulling Road, Suite 12	Naples, FL 34109

10. 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:

Rene Gonzalez Rene Gonzalez

11-06-03 239-591-1702

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (1/0/02)

Richard A. Gorga

CERTIFIED PUBLIC ACCOUNTANT

The Jones Building
Suite #301
3435 10th Street North
Naples, Florida 34103
(941) 434-5529
FAX (941) 649-7108

November 5, 2003

Florida Department of State
Division Of Corporations
P.O. Box 6327
Tallahassee, FL 32314

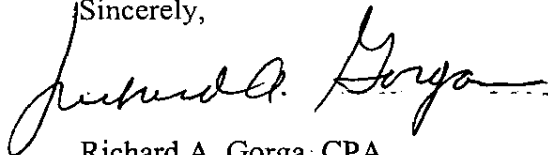
Re: The Blind Expert, Inc.
Document # P96000034550
FEI Number 65-0665357
Annual Report 2003

Dear Sir/Madam:

I am responding on behalf of my above named client regarding the administrative dissolution of its corporate charter. My client never received the original annual report nor follow up notices that the report was delinquent. Perhaps this was because of a change in the principal place of business and mailing address. Enclosed, please find the Application For Reinstatement and a check in the amount of \$750. Please consider refunding a portion of the \$600 reinstatement fee because of the circumstances described above.

Thank you for your consideration.

Sincerely,



Richard A. Gorga, CPA

CC: The Blind Expert, Inc.