APPLICATION FOR [redacted]

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

FILED
03 MAY 13 AM 11: 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000088823

1. Corporation Name Megablind, Inc.

Principal Place of Business	Mailing Address
16047 N.W. 21ST ST PEMBROKE PINES, FLORIDA. 33028	15751 SHERIDAN STREET # 218 FT. LAUDERDALE, FL. 33331

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

DO NOT WRITE IN THIS SPACE

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

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-0705509 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	OCARIZ JORGE O	16047 NW 21ST STREET	PEMBROKE PINES, FL 33028
VP	ANDREA ORTEGA	16047 NW 21ST ST	PEMBROKE PINES, FL. 33028

100020790011
06/11/03--01083--004 **150.00

8. Name and Address of Current Registered Agent

OCARIZ JORGE O
16047 N.W. 21ST STREET
PEMBROKE PINES, FL. 33028

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | 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 — REGISTERED AGENT MUST SIGN — Date

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617 F.S. I further certify that in the filing of this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of Section 607.0401, F.S. [illegible] fees owed by the corporation have been paid. 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: Jorge Ocariz 4/28/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #