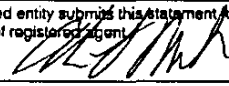
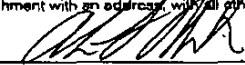


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000027386			
1. Entity Name THREE BLIND MEN, INC.		FILED 05 AUG 16 PM 5:03 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 4890 NORTH SR 7 TAMARAC, FL 33319 US		Mailing Address 4890 NORTH SR 7 TAMARAC, FL 33319 US	
2. Principal Place of Business 3920 NW 49 th STREET		3. Mailing Address 3920 NW 49 th STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tamarac, Florida		City & State Tamarac, Florida	
Zip 33309		Country US	
4. FEI Number 65-0738147		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, ALAN 4890 NORTH SR 7 TAMARAC, FL 33319		7. Name and Address of New Registered Agent Name Miller, Alan Street Address (P.O. Box Number is Not Acceptable) 3920 NW 49 th STREET City Tamarac FL Zip Code 33309	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and except the obligations of registered agent.			
SIGNATURE 		DATE 8/16/05	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.103(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, ALAN L 4890 NORTH SR 7 TAMARAC, FL 33319 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Miller, Alan L ☒ Change ☐ Addition 7447 NW 114 th Terrace Parkland FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		DATE 8/16/05 954-486-7875	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	