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	Mailing Address
4890 NORTH SR 7 TAMARAC, FL 33319 US	4890 NORTH SR 7 TAMARAC, FL 33319 US

08/16/2005 REIN-FL CR2E088 (8/04) REINSTATEMENT 04-05

2. Principal Place of Business	3. Mailing Address
3920 NW 49th STreeT	3920 NW 49th STreet
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tamarac, Florida	City & State: Tamarac, Florida
Zip: 33309 Country: US	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	7. Name and Address of New Registered Agent
MILLER, ALAN 4890 NORTH SR 7 TAMARAC, FL 33319	Name: Miller, Alan Street Address (P.O. Box Number is Not Acceptable): 3920 NW 49th 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 accept the obligations of registered agent.

SIGNATURE: _____ 8/16/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(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 7447 NW 114th Terrace Parkland FL 33076	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: _____ 8/16/05 954-486-7875
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #