


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

00 NOV 13 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000094159

1. Corporation Name

BEST BLINDS, INC.

Principal Place of Business

Mailing Address

10450 US 1 NORTH
STE 3
SAINT AUGUSTINE FL 32095
US

10450 US 1 NORTH
STE 3
SAINT AUGUSTINE FL 32095
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office 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

11/03/1997

5. FEI Number

59-3494493

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VSP	ROBERSON, EDGAR W	10450 US 1 N #3	SAINT AUGUSTINE FL 32095
P	ROBERSON, LAURA M	10450 US 1 N #3	ST AUGUSTINE FL 32075

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROBERSON, LAURA
749 MATTERHORN CT
JACKSONVILLE FL 32259

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

Laura Roberson
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/3/00

11. 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:

Laura Roberson
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-3-00
Date

904-292-2924
Daytime Phone #

CR2E040 (8/00)