


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY -7 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION RESTATEMENT  **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P98000027266*

1. Corporation Name
BLINDS ASAP, Inc.

2. Principal Office Address *121 Belmont Dr.*

3. Mailing Office Address *121 Belmont Dr.*

Suite, Apt. #, etc.

City & State
Winter Haven, FL

City & State
Winter Haven, FL

Zip
33884

Country
USA

Zip
33884

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
65-0824510

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name *Dan Conrad*

Street Address (P.O. Box Number is Not Acceptable) *121 Belmont Dr.*

Suite, Apt. #, Etc.

City *Winter Haven*

State *FL* **Zip Code** *33884*

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.

Signature of Registered Agent *Dan Conrad* **Date** *April 10, 2003*

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>Pres.</i>	<i>Dan Conrad</i>	<i>121 Belmont Dr.</i>	<i>Winter Haven, FL 33884</i>

PR 5/15

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 807 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 807.0401 or 617.0401, F.S., that all taxes 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: *Dan Conrad, President (Dan Conrad)* **Date** *4-10-03* **Daytime Phone #** *813-716-1161*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BLINDS ASAP!, Inc.

121 Belmont Dr., SE
Winter Haven, FL 33884

Tampa Areas (813) 716-1161
E-Mail Dan1asap@aol.com

Central Florida (863) 602-7906
Fax (863) 326-5898

Serving Tampa and Orlando Areas with Urgency!

April 10, 2003

Florida Dept. of State
Division of Corporations
Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

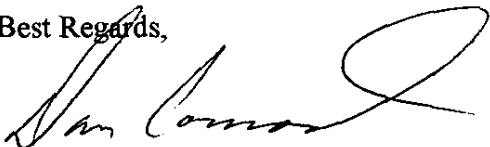
Enclosed, please find my document to reinstate my Corporation. As I moved twice in the last couple years, it was not until recently we realized we did not file on time.

My accountant passed away and his wife had some of my mail she retrieved from my old location.

Please accept the enclosed check to Reinstatement my Corporation. Also enclosed, is the Original filing document (for 2002) with the old address. Please ensure that my correct address is on record. It is correct on this letterhead and on my new filing document I filled out.

Thank you very much for your help in this matter!

Best Regards,



Dan Conrod
President