

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 2:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000091388

1. Corporation Name

SOUTH EAST BLINDS, INC.

Principal Place of Business

3524 LANDMARK PL  
PALM HARBOR FL 34684

Mailing Address

3524 LANDMARK PL  
PALM HARBOR FL 34684



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

2. New Principal Office Address, If Applicable

231 E. Douglas Road  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

231 E. Douglas Road  
Suite, Apt. #, etc.

City & State

Oldsmar

City & State

Oldsmar

Zip

34677

Country

USA

Zip

34677

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/21/1998

5. FEI Number

59-3569124

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 3	City / State / Zip 4
D	MURRAY, JOHN G	3524 LANDMARK PLACE	PALM HARBOR FL 34684

800823969378  
10/21/03--01050--022 \*\*150.00

8. Name and Address of Current Registered Agent

MURRAY, JOHN G  
3524 LANDMARK PL  
PALM HARBOR FL 34684

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE

REGISTERED AGENT MUST SIGN

Date 10/16/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/03

Date

727-224-8383

Daytime Phone #

CR2E040 (7/03)

# South East Blinds, Inc.

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P.O. Box 6003  
Palm Harbor, Florida 34684  
Phone (727) 784-1059  
Fax (727) 789-6113


October 16, 2003

To whom it may concern:

In regards to FEI – Number 59-3569124, we have not received the renewal paper work for the renewing this incorporation license. Enclosed you will find a check for \$ 150.00 for a profit corporation.

If you have any questions please call Georgie Menke 813-891-6455

Thank you in advance.

  
Georgie Menke