

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

Mailing Address

3524 LANDMARK PL  
 PALM HARBOR FL 34684

3524 LANDMARK PL  
 PALM HARBOR FL 34684



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

REINSTATEMENT 03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

10/21/1998

231 E. Douglas Road

231 E. Douglas Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Oldsmar

City & State

Oldsmar

Zip

34677

Country

USA

Zip

34677

Country

USA

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MURRAY, JOHN G	3524 LANDMARK PLACE	PALM HARBOR FL 34684

800023969378  
 10/21/03--01050--022 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MURRAY, JOHN G  
 3524 LANDMARK PL  
 PALM HARBOR FL 34684

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

Date

10/16/03

REGISTERED AGENT MUST SIGN

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.

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

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