## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FLORIDA DEPARTMENT OF STATE  FOR Katherine Harris							
REINSTATEMENT	Secretary of State			FILED			
DOCUMENT # <b>P99000024212</b>							
1. Corporation Name			01 OCT 29 PM 2: 48				
BLINDS WHOLESALE, INC.			SEGRETARY OF STATE TALLAHASSEE, FEORIDA				
Principal Place of Business Mailing Address			,				
11-ARPIEKA AVE. ST. AUGUSTINE FL-22084  11-ARPIEKA AVE. ST. AUGUSTINE FL-22084							
If above addresses are incorrect in any way, line thro	ough incorrect information and enter	correction below.	EINST	ATEMEN	<b>II</b> 300		
New Principal Office Address, If Applicable	New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida 03/16/1999			
Suite, Apt. #, etc.  7875 AIA South  City & State	Suite, Apt. #, etc.	South	59-3563544		Applied Fo		
ST. AUBUSTINE, FL.	Country 2 Zip 2 12 22 Country			6. \$8.75 Additional Fee required			
7. Names and Street Addresses of Each Officer and/o	38080	USH		OF STATUS DESIRED (	for a Certificate of Stat	us	
Title(s)  Name of Officers and/or Directors  Street Address of Each Officer and/or Directors  3				Ci	ity / State / Zip		
D MEHM, JOSEPH A			ST. AUGUSTINE FL 32084				
P/D MEHM, JOSEPH A. 8875 AIA South ST. AUGUSTINE, FL 3200						2080	
		-					
			900004691489 -11/21/0101085014			2	
				****758。	75 ****758.75		
				i	LS	$\dashv$	
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent				
Name /							
Street Address (P.			SEPH MEHM  O. Box Number is Not Acceptable)  A/A SOWH				
11 ARPIEKA AVE SAINT AUGUSTINE FL 32884 Suite, Apt. #, Etc.							
City			AUGUSTINE, FL.				
ST. AUGUSTINE FL Zip Code FL 32080							
10. I, being appointed the registered agent of the above	e named corporation, am familiar w	ith and accept the ob	oligations of Section	on 607.0505, F.S.			
and the second s							
Signature of Registered Agent Date 10/85/01							
REGISTERED AGENT MUST SIGN							
11. I certify that I am an officer of 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 part 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 OF DIRECTOR Date Dayline Phone #							