

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS



FILED

02 NOV -4 PM 5:54

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P99000081364
 1. Corporation Name
 EURO AMERICAN BLINDS & INTERIORS, INC.

Principal Place of Business: 19565 NW 2ND AVENUE MIAMI FL 33169
 Mailing Address: 19565 NW 2ND AVENUE MIAMI FL 33169



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

2. New Principal Office Address, If Applicable: 19569 NW 2nd Ave, MIAMI, FL 33169
 3. New Mailing Office Address, If Applicable: 19569 NW 2nd Ave, MIAMI, FL 33169

4. Date Incorporated or Qualified To Do Business in Florida: 09/08/1999
 5. FEI Number: 59-3601116
 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
P	NJIE, EBRIMA P	19565 NW 2ND AVENUE	NORTH MIAMI FL 33169
V	REID, JUDITH	19565 NW 2ND AVENUE	NORTH MIAMI FL 33169

8. Name and Address of Current Registered Agent
 NICOL, MICHAEL A.
 8700 N. SHERMAN CIR., #507
 MIRAMAR FL 33025

9. Name and Address of New Registered Agent
 Name: EBRIMA NJIE
 Street Address (P.O. Box Number is Not Acceptable): 19569 NW 2nd Ave
 Suite, Apt. #, Etc.:
 City: MIAMI State: FL Zip Code: 33169

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 REQUIRED Date: 11/1/02
 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)(f), 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 REQUIRED 11/1/02 954-290-0079
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/02)

Nov, 1, 2002

Euro American Blinds & Interiors, Inc
19569 NW 2nd Ave
Miami, FL 33169

TO: DEPT. OF STATE
DIV. OF CORPORATIONS

RE: CORPORATION REINSTATEMENT - P99000081364

AS PER THE CONVERSATION I HAD WITH A REP OF
DIVISION OF CORPORATIONS, I ~~WAS~~ WAS NOT RECEIVING
MY MAILS BECAUSE OF A WRONG ADDRESS. ENCLOSED
IS A PROOF TO SHOW ~~TO~~ MY CORRECT ADDRESS. AS A
RESULT I DID NOT RECEIVE MY ANNUAL REPORT TO
FILE THE UNIFORM BUSINESS REPORT. I DID NOT EVEN
RECEIVE THE CERTIFICATE SHOWING THE NAME
CHANGE MADE IN FEBRUARY. ENCLOSED IS THE FEE
OF \$150.00 THAT I WAS REQUESTED TO SEND, IN ORDER
TO KEEP THE CORPORATION ACTIVE. PLEASE SEND ME
PROOF TO SHOW THAT MY CORPORATION IS
REINSTATED.

THANK YOU