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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.							
APP	PLICATION FOR A	NT OF STATE State		FILED			
DOCUMENT # P9900081364				02 NO	V -4, PH 5:54		
1. Corporation Name				SECRETA : CF STATE TALLAHASSEE, FLORIDA			
EURO AMERICAN BLINDS & INTERIORS, INC.				MLLAP	IASSEE, FLÖRIDA		
Principal Place of Business Mailing Address							
19565 NW 2N MIAMI FL 331							
If above addresses are incorrect in any way, line through incorrect information and enter correction below.							
2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If 19569 NW 24 Ave 19569 NW 25 Suite, Apt. #, etc.			Applicable Ave	Date Incorporated or Qualified To Do Business in Florida 09/08/1999			
City & State City & State City & State MIAMI F				5. FEI Number	59-3601116	Applied For Not Applicable	
Zip 2211 Country Zip Country Country			у]	6. CERTIFICATE		.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)	Name of Officers and/or Directors		eet Address of Each ficer and/or Director	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		9	
				900008791729 11/04/0201107007 **150.00			
	-						
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NICOL, MICHAEL A				BRIMA NJIE			
8700 N. SHERMAN CIR., #507 MIRAMAR FL 33025 Suite, Apt							
		City MI Ami State Zip Code FL 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 of Registered Agent REQUIRED							
Registered Agent Date Date Date Date							
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 Date Date							

Nov, 1, 2002

Euro American Blinds & Takriors, Inc 19569 NW 2nd Luc Miami, FZ 33/69

DIV. OF CORPORATIONS

REINSTATED

RE', CORPORATION REINSTATEMENT - P99000081364 AS PER THE CONVERSATION 9 HAD WITH A REP OF SIUISION OF CORPORATIONS, I ADD WAS NOT RECEIVED MY MAILS BECAUSE OF A WRONG ABBRESS, ENCLOSED IS A PROTE TO SHOW TOO MY CORRECT ASPESS. AS A RESULT I SID NOT RECEIVE MY ANNUAL REPORT to THE HIT UNIFORM BUSINESS REPORT. I - DID NOT EVER RECEIVE THE CERTIFICATE SHOWING THE NAME CHANGE MADE IN FEBRUARY ENcloses is the Rec of \$150.00 that I AMS REQUESTED TO SEND, IN ORDER TO KEEP THE CORPORATION ACTIVE, PLEASE SEND ME PROOF TO SHOW THAT MY CORPORATION IS