

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 20, 2005 8:00 A.M.
Secretary of State

DOCUMENT # P99000106434

1. Corporation Name

MHE Blinds, Inc.

2. Principal Office Address

7588 Oakboro Drive

Suite, Apt. #, etc.

3. Mailing Office Address

7588 Oakboro Drive

Suite, Apt. #, etc.

City & State

Lake Worth, FL

City & State

Lake Worth, FL

Zip

33467-7504

Country

USA

Zip

33467-7504

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/13/99

5. FEI Number

65-0966397

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Mark Clark Hall

Street Address (P.O. Box Number is Not Acceptable)

7588 Oakboro Drive

Suite, Apt. #, Etc.

City

Lake Worth

State

FL

Zip Code

33467-7504

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date

6/9/05

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P.D.	Mark Clark Hall	7588 Oakboro Drive	Lake Worth, FL 33467-7504

10. 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

Daytime Phone #

6/9/05 (561)254-8292

REINSTATEMENT

02-05

CR2E081 (01/05)

6/21/05