

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 29 PM 1:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000107549

1. Corporation Name

STRAIGHT STREET BLINDS, INC.

Principal Place of Business

Mailing Address

7401 SPRING HILL DR.  
SPRING HILL FL 34606

7401 SPRING HILL DR.  
SPRING HILL FL 34606



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

12/13/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3612655

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	JONES, WILLIAM F	13100 LITTLE FARMS DR	SPRING HILL FL 34609
VST	JONES, LOIS R	13100 LITTLE FARMS DR	SPRING HILL FL 34609

600024249966  
10/29/03 01035 029 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NESSLER, PAUL H JR  
4052 COMMERCIAL WAY  
SPRING HILL FL 34606

Name

Jones, William F

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

13100 Little Farms Drive

Suite, Apt. #, Etc.

City

Spring Hill

State

FL

Zip Code

34609

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]*  
REGISTERED AGENT MUST SIGN

Date 10-21-03

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-21-03

Date

Daytime Phone #

CR20040 (7/03)

Straight Street Blinds, Inc.  
7401 Spring Hill Drive  
Spring Hill, Florida 34606

October 17, 2003

Division of Corporations  
Annual Report/Reinstatement Section  
Post Office Box 6327  
Tallahassee, FL 32314-6327

Re: Document #P99000107549

Dear Sir or Madam:

I was shocked to receive your notice advising my corporation had been dissolved. I do not recall receiving any prior notices regarding the filing of the 2003 Uniform Business Report.

I have dealt with some serious health issues since the beginning of the year and have been in and out of the hospital. During this period of time, I also lost my sister. Needless to say, I was not and could not be focused on the running of my business.

I respectfully request that you please accept my enclosed check for \$150.00 and process the reinstatement form. I apologize for the oversight, but I feel that circumstances were beyond my control and I would appreciate your understanding. Thank you.

Sincerely,



William F. Jones,  
President