

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 JUL -1 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

ABC ALL BLINDS
CENTER INC.

V37021

2. Principal Office Address

11400 SW 68 CT

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

33156

Country

US

Zip

33156

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02-10-1992

5. FEI Number

65-0316544

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

Clifford Kornfield

700006234817--5

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

11400 SW 68 CT

07/08/02-01003-018

****923.75 ****923.75

Suite, Apt. #, Etc.

City

Miami

FL 33156

State

FL

Zip Code

33156

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

CYM R

Date 6/19/02

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
PRES	Tommy Rizek	6643 NW 174 LN	Miami FLA 33015

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:

Tommy Rizek

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-19-02 305-710-3292

Date

Daytime Phone #

CR2E081 (9/01)

7/2/02