

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 DEC 11 AM 11:28

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P02000079990

1. Corporation Name

INDIGO ELEMENTS CORP.

Principal Place of Business	Mailing Address
ONE BOCA COMMERCE CENTER 551 NW 77TH STREET, SUITE 200 BOCA RATON FL 33487	ONE BOCA COMMERCE CENTER 551 NW 77TH STREET, SUITE 200 BOCA RATON FL 33487



REINSTATEMENT 03

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 Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/23/2002	
City & State		City & State		5. FEI Number	
Zip		Country		NA	
Zip		Country		Applied For	
Zip		Country		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$9.75 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	DAN BRODHEIM	One Boca Commerce Center 551 NW 77th Street, Ste 200	Boca Raton FL 33487
V.P.	ISAAC LEVY	AS ABOVE	
SEV AK	AVA BRODHEIM	AS ABOVE	
300023868003 10/17/03--01006--023 **750.00			

8. Name and Address of Current Registered Agent

DUNAY, GARY S
 5355 TOWN CENTER ROAD
 SUITE 801
 BOCA RATON FL 33486

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

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

REGISTERED AGENT MUST SIGN

Date

Nov. 10, 2003

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

Daytime Phone #

061003

CR2E040 (7/03)