

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F00000005655	
1. Entity Name ORBA INSURANCE SERVICES, INC.	



FILED

04 NOV 16 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10212004 REIN-P CR2E098 (6/04)

Principal Place of Business 2355 GOLD MEADOW WAY, SUITE 100 GOLD RIVER, CA 95670-4443		Mailing Address 2355 GOLD MEADOW WAY, SUITE 100 GOLD RIVER, CA 95670-4443	
2. Principal Place of Business 2339 GOLD MEADOW WAY STE 200		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 94-2850529	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. PETER F. SOUZA ASSISTANT SECRETARY 10/29/04 DATE	
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FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CURRY, GARY 2355 GOLD MEADOW WAY, SUITE 100 GOLD RIVER, CA 956704443	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2339 GOLD MEADOW WAY STE 200
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete S JACOWAY, KATHI 2355 GOLD MEADOW WAY, SUITE 100 GOLD RIVER, CA 956704443	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2339 GOLD MEADOW WAY STE 200
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete T CURRY, SUSAN 2355 GOLD MEADOW WAY, SUITE 100 GOLD RIVER, CA 956704443	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2339 GOLD MEADOW WAY STE 200
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete D VAHL, JERRY 570 CARILLON PARKWAY ST. PETERSBURG, FL 33716	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T JAMES HEIDINGER 2339 GOLD MEADOW WAY STE 200 GOLD RIVER, CA 95670
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete D COLLINS, HERB 570 CARILLON PARKWAY ST. PETERSBURG, FL 33716	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800042786878 11/16/04--01061--012 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition JR W23

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: JAMES HEIDINGER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 10-21-04 Daytime Phone # 9166691665