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2/16/2016 11:45:11 AM From: To: 8506176384(2/2)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F14000003085

1. Corporation Name

ORR SAFETY CORPORATION

2. Principal Office Address - No P.O. Box #

11601 INTERCHARGE DR

Suite, Apt. #, etc.

City & State

LOUISVILLE, KY

Zip

40229

Country

USA

3. Mailing Office Address

PO BOX 198029

Suite, Apt. #, etc.

City & State

Louisville, KY

Zip

40259-8029

Country

USA

CR2R081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

Jul 21, 2014

5. FEI Number

61-0471256

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

C T CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, etc.

City

PLANTATION

State

FL

Zip Code

33324

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

Raymond Aldridge

2/16/2016

Date

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
Ceo/dir	Raymond Aldridge	11601 INTERCHARGE DR	LOUISVILLE, KY, 40229
Sec.	James Herr	11601 INTERCHARGE DR	LOUISVILLE, KY, 40229
CFO	Angela Druin	11601 INTERCHARGE DR	LOUISVILLE, KY, 40229

10. E-mail Address: kennethj@orrcorp.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Raymond Aldridge
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/16

Date

502 284 4500

Daytime Phone

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Division of Corporations

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
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**CORPORATION REINSTATEMENT
ORR SAFETY CORPORATION**

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