

# **2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N98000002945

**FILED**  
**Feb 16, 2012**  
**Secretary of State**

**Entity Name:** ORCHID BOULEVARD CORPORATION

**Current Principal Place of Business:**

1929 SE 44TH STREET  
CAPE CORAL, FL 33904 US

**New Principal Place of Business:**

**Current Mailing Address:**

1929 SE 44TH STREET  
CAPE CORAL, FL 33904 US

**New Mailing Address:**

**FEI Number:** 65-0847770

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PAIGE, NANCY J  
1919 SE 45TH ST  
CAPE CORAL, FL 33904 US

**Name and Address of New Registered Agent:**

BOYD, ALAN J  
1929 SE 44TH STREET  
CAPE CORAL, FL 33904 US

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.

SIGNATURE: ALAN J. BOYD

02/16/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BOYD, ALAN J PRES  
Address: 1929 SE 44TH ST  
City-St-Zip: CAPE CORAL, FL 33904

Title: V  
Name: PAIGE, ROBERT VPRES  
Address: 1919 SE 45TH ST  
City-St-Zip: CAPE CORAL, FL 33904

Title: S  
Name: MEANS, SANDY SECR  
Address: 1915 SE 45TH STREET  
City-St-Zip: CAPE CORAL, FL 33904

Title: T  
Name: BOYD, BEVERLY A TREAS  
Address: 1929 SE 44TH ST  
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BEVERLY A. BOYD

T

02/16/2012

Electronic Signature of Signing Officer or Director

Date