

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000041782

1. Corporation Name

**TANGLED BLUE, INC**

W07000010065

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

**103 JOHN KING ROAD**

3. Mailing Office Address

**1502 SOUTH FERDON BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**CRESTVIEW, FL**

City & State

**CRESTVIEW, FL**

Zip

**32539**

Country

**USA**

Zip

**32536**

Country

**USA**

7. Name and Address of Current Registered Agent

Name  
**MICHAEL S. MCDUFFIE**

Street Address (P.O. Box Number is Not Acceptable)  
**1502 SOUTH FERDON BLVD**

Suite, Apt. #, Etc.

City  
**CRESTVIEW**

State  
**FL**

Zip Code  
**32536**

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

REGISTERED AGENT MUST SIGN

Date **2/21/07**

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
D/P	SHELLY PARJANI	108 JOHN KING ROAD	CRESTVIEW, FL 32539

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 contained in Chapter 119, 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

**2-21-07**

Daytime Phone #

**850-305-0431**

**FILED**

**07 MAR - 8 PM 2:59**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

**REINSTATEMENT 05-07**

CRZE081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

**04/26/2000**

5. FEL Number

**59-3621784**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

282 ✓

**Tangled Blue, Inc**  
**108 John King Road**  
**Crestview, FL 32539**

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February 19, 2007

Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

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RE: Reinstatement Application – *Tangled Blue, Inc*  
*P00000041782*

Dear Ladies and Gentlemen:

Enclosed is my application to have the above referenced corporation reinstated with the State of Florida.

As provided for in your instructions, I am respectfully requesting that the \$600.00 reinstatement fee be waived. I did not receive the annual report notice for the year 2005. Because I did not receive the dues notice and renew the corporation for 2005, I also did not receive a notice for 2006.

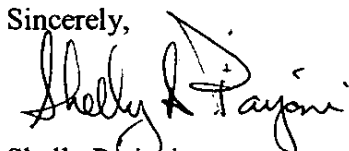
I did not realize that the reports for these years (2005-2006) had not been paid and filed until my attorney brought it to my attention that my corporation had been dissolved.

Based on the explanation in this letter, please accept the enclosed check of \$450.00 to pay the annual fees (\$150 per year) for 2005-2007 and reinstate my corporation as quickly as possible.

Thank you in advance for your favorable consideration of this request.

Please call me if you have any questions or comments.

Sincerely,



Shelly Parjani  
President