

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 16 AM 8:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 201000097347

1. Corporation Name

MORNINGBLUE SOLUTIONS

REINSTATEMENT 03-04

2. Principal Office Address

6615 Massachusetts Avenue

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New Port Richey, FL

City & State

same

Zip

34653

Country

USA

Zip

same

Country

same

4. Date incorporated or Qualified
To Do Business in Florida 10/4/2001

5. FEI Number

59-3754595

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

200028789142
02/16/04--01025--010 **150.00

7. Name and Address of Current Registered Agent

Name

Donald J. DeBoer

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

6615 Massachusetts Avenue

Suite, Apt. #, Etc.

City

New Port Richey

State

FL

Zip Code

34653

200028789142
03/16/04--01094--017 **150.00

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

Date

2/9/04

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
PD	Donald J. DeBoer	6615 Massachusetts Avenue	New Port Richey, FL 34653
VD	Douglas Addison	6615 Massachusetts Avenue	New Port Richey, FL 34653

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 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

DONALD J DEBOER

Date

2/9/04

Daytime Phone #

727.848.8144

CR2E081 (01/04)

February 9, 2004

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

RE: 59-3754595

To Whom It May Concern:

Please find enclosed our corporate reinstatement with changes. We would like someone to review this form and please look into waving the \$600.00 reinstatement fee.

Last year we had an accountant that guaranteed us that he had filed the necessary paper work. However, we just learned since we hired a new accountant that he did not follow through with this and our corporation has been inactive for a while. We have enclosed the \$150.00 fee for the annual report and corporate supplement fee for 2003. If you would send us the necessary information for 2004 we will pay the additional \$150.00 fee for 2004 by the deadline for this year.

Thank you in advance for you help with this matter. We appreciate anything that can done to minimize this accounting error.

Sincerely,



Donald J. DeBoer