

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

~~Glenda E. Hood~~

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 DEC 12 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000120200

1. Corporation Name

ORANGE AND BLUE FORMS, INC.

Principal Place of Business

Mailing Address

1040 BAYVIEW DRIVE
SUITE 320
FORT LAUDERDALE FL 33304-2532

1040 BAYVIEW DRIVE
SUITE 320
FORT LAUDERDALE FL 33304-2532

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT



100025186094
12/03/03--01008--028 **750.00

4. Date Incorporated or Qualified
To Do Business in Florida

11/12/2002

5. FEI Number

Applied For

32-0054496

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PRES CEO	WILLIAM M. RANDLE #23,	1181 S. Rogers Cir.	Boca Raton, FL. 33487

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHWEITZER, CHARLES E CPA
1040 BAYVIEW DRIVE
SUITE 320

FORT LAUDERDALE FL 33304-2532

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

CR2E040 (7/03)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Charles E. Schweitzer, CPA
REGISTERED AGENT MUST SIGN

Date 11/10/03

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., 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

Date

Daytime Phone #

11/10/03 561-715-2103