## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P04000090337

Entity Name: OPENBLU INC.

FILED Apr 03, 2007 Secretary of State

Current Principal Place of Business:					New Principal Place of Business:		
SUITE D	30 NE 11TH AVE IITE D . LAUDERDALE, FL 33334 US				2439 NORTH FEDERAL HIGHWAY BOCA RATON, FL 33431 US		
Current Mailing Address:					New Mailing Address:		
4980 NE 11TH AVE SUITE D FT. LAUDERDALE, FL 33334 US					2439 NORTH FEDERAL HIGHWAY BOCA RATON, FL 33431 US		
FEI Number: 2	20-1227485	FEI Nu	ımber Applied For ( )	FEI Num	ber Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of	Current	Registered Agent:		Name and Address o	f New Registered Agent:	
KURTGIS, I 4980 NE 11 SUITE D FT. LAUDE	TH AVE		JS				
The above r in the State		y submits	this statement for the pu	urpose of	changing its registered	d office or registered agent, or both,	
SIGNATUR	E: MATTH	IEW KUR	TGIS				
	Electro	onic Signa	ature of Registered Age	nt		Date	
		. , . , .	.S., the corporation did not	t receive th	ne prior notice.		
Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P ( KURTGIS, M/ 821 N 28TH A HOLLYWOOI	AVE	0 US		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP ( BRUNI, ANDR 1885 PALM C DELRAY BEA	COVE BLVD			Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T ( BRBOVIC, FA 3521 W HILL COCONUT O	SBORO BL			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S ( LOTTERMAN 1885 PALM C DELRAY BEA	COVE BLVD			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	LOTTERMAN 5749 WIND D	,			Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIM LOTTERMANN AS 04/03/2007