

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 FEB -6 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400117726764
02/11/08--01048--017 **450.00

REINSTATEMENT

DOCUMENT # **P05000041987**

1. Corporation Name

NWBLUE, Inc.

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

4083 W OAK RIDGE RD W OAK RIDGE RD

Suite, Apt. #, etc.

3. Mailing Office Address **4083**

4083 W OAK RIDGE RD

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32809

Country

USA

Zip

32809

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/18/2005

5. FEI Number

20-2584257

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RICARDO E. COARD

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

9797 CAMBERLEY CIR

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32836

☒ 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.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **02-04-08**

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
P	COARD, RICARDO E	9797 CAMBERLEY CIRCLE	ORLANDO, FL 32836

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-08 407-351-6311

Date

Daytime Phone #