## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P93000002239

Title:

Name: Address:

City-St-Zip:

**Entity Name: MCBLUE CORPORATION** 

FILED Dec 19, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 37 N. ORANGE AVE. 2295 S. HIAWASSEE ROAD 304 500 ORLANDO, FL 32801 ORLANDO, FL 32835 **Current Mailing Address: New Mailing Address:** 2295 S. HIAWASSEE ROAD 37 NORTH ORANGE AVE 304 ORLANDO, FL 32801 ORLANDO, FL 32835 FEI Number: 65-0378104 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: LONG, GREG LONG, GREG 37 N. ÓRANGE AVE 2295 S. HIAWASSEE ROAD STE. 500 304 ORLANDO, FL 32801 US ORLANDO, FL 32835 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: GREGORY N. LONG 12/19/2005 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PTD () Delete Title: (X) Change ( ) Addition LONG, GREG Name: Name: LONG, GREG 1874 WILDWOOD TR 12002 MCKINNON ROAD Address: Address: City-St-Zip: DEERFIELD BEACH, FL 33442 City-St-Zip: WINDERMERE, FL 34786 Title: VD Title: ( ) Delete () Change () Addition Name: LONG, KAREN Name: 1874 WILDWOOD TR Address: Address: DEERFIELD BEACH, FL 33442 City-St-Zip: City-St-Zip: Title: Title: SD () Delete () Change () Addition TOWNES, JENIFER Name: Name: 2201 WILDWOOD LN N Address Address: City-St-Zip: DEERFIELD BEACH, FL 33442 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: GREGORY N. LONG PTD 12/19/2005

( ) Delete

MCCOY, MYRON

4825 BASSWOOD LN

ORLANDO, FL 32808

() Change () Addition