

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION FLORIDA DEPARTMENT OF STATE								FILED					
REINSTATEMENT REINST							-	08 OCT 22 AHII: 09					
									BLORLLAN OF STATE TALLAHASSEE, FLORIDA				
DOCUMENT # P9700063712 1. Corporation Name								:	AÎ LA	HASSE	E, FLORII	DA	
Blue Orb, Inc.													
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						Office Address			10710/08-3168-3117-350.00 BEINSTATEMENT 08				
						aitland Ctr. Commons				Cyrr	∬ CRZEO	81 (10/08) ^{([]}	00
Suite, Apt. #, etc. Suite, Apt. #, #2 #2					#, 0 10.	etc.			4. Date Incorporated or Qualified				
City & State	•			City & Stat	9				To Do Business in Florida 07-22-97				
Maitland N				Maitlar	Maitland				5. FEI Number 59-3483854			Applied For Not Applicable	
^{Zip} 32751		US	-	_{Zip} 32751		Coun US/	•						dditional Fee requirec Certificate of Status
		7. N	ame and Address	of Current Re	jistered Age	nt							
Peter J. McAlindon									The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you				
Street Address (P.O. Box Number is Not Acceptable)													
1011 Maitland Center Commons Suite, Apt. #, Etc.								are certifying the prior notices were not received and requesting the reinstatement					
#2 City State Zip Code									fee be waived.				
Maitland FL 32751													
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the oblin									oligations of secti	on 607.05	605 or 617.	0503, F.S.	
Signature of Registered Agent REGISTERED AGENT MUST SIGN									Date 10-08-08				
9. Names	and Street A	ddresse	es of Each Officer a	nd/or Director (Florida nonpre	ofit corpo	orations must list a	at lea	ast 3 directors)	ν.			
Titles	Name of Officers and/or Directors					Street Address of Each Officer and/or Director			(7,10	120	City / State / 2	Zip
MES M.	Peter J. McAlindon				1011	1011 Maitland Ctr. Con				Mait	land, F	L 32751	-
Mr. Sta	Walter J. Wilson				1011	1011 Maitland Ctr. Con				Mait	land, F	L 32751	
MAT DIR	Ernest L. Wilding				1011	1011 Maitland Ctr. Con			nmons, 2	Mait	land, F	L 32751	
MAR	G. Arthur Herbert				1011	1011 Maitland Ctr. Con			nmons, 2 Maitland, FL 32751				
Mir	James W. Ferrell				1011	1011 Maitland Ctr. Con			nmons, 2 Maitland, FL 32751			1	
yH)ir:	Charles Steinmetz				1011	1011 Maitland Ctr. Con			nmons, 2	Mait	land, F	L 32751	
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. Peter J. McAlindon 10-08-08 407-622-7774													
SIGNATURE: Twi / Mc Control Peter J. McAlindon 10-08-08 407-622-7774 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #													

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CORPORATION REINSTATEMENT								
DOCUMENT # P970000 1. Corporation Name								
Blue Orb, Inc.								
2. Principal Office Address - No P.O. Box #	3. Mailing Office Addre	rss		CR2E081 (10/08)				
Suite, Apt. #, etc.	Suite, Apt. #, etc.		4. Date Incorporated or Qualified					
City & State	City & State		To Do Business in Florida 5. FEI Number Applied For					
Zip Country	Zip	Country	Not Applicable 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee requirer for a Certificate of Status					
7. Name and Address of	 of Current Registered Age	nt		Tor a Certificate of Status				
Name Street Address (P.O. Box Number is Not Acceptable		···	☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you					
Suite, Apt. #, Etc.	are certifying the prior notices were not received and requesting the reinstatement							
City		State Zip Code	fee be waived.					
8. I, being appointed the registered agent of the about Signature of Registered Agent	ove named corporation, am EGISTERED AGENT MUS		oligations of section	on 607.0505 or 617.0503, F.S. Date				
9. Names and Street Addresses of Each Officer an	d/or Director (Florida nonpr	ofit corporations must list at lea	ast 3 directors)					
Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director		City / State / Zip				
Mr.D' Richard J. Walsh	1011	Maitland Ctr. Con	nmons, 2	Maitland, FL 32751				
	i	<u>.</u>	· ==					
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #								