

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 14 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 98000016689**

1. Corporation Name
ORANGE IMPROVEMENTS INC

2. Principal Office Address
8140 49TH AVE N

3. Mailing Office Address
8140 49TH AVE N

REINSTATEMENT 03-04

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida **2-19-98**

City & State
ST PETE FLA

City & State
ST PETE FLA.

5. FEI Number
59-3495614

Zip
33709

Zip
33709

6. CERTIFICATE OF STATUS DESIRED **\$375 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name
KEN ROUBOND

600032507966
04/13/04--01018--004 **300.00

Street Address (P.O. Box Number is Not Accepted)
8140 49TH AVE N

Suite, Apt. #, Etc.

City
ST PETE

State
FL

Zip Code
33709

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
Ken Roubond
REGISTERED AGENT MUST SIGN

Date
4-2-04

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
PRES	KENNETH WIKSS	8140 49TH AVE N	ST PETE 33709
TRES	" "	" "	" "

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 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:

K Roubond
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-04
Date

727 391 8899
Daytime Phone #

CR2E081 (10/02)

DEAN SIR,

ATTACHED YOU'LL FIND

A. REINSTATEMENT FORM

B. CHECK \$300⁰⁰

C. LAST YEARS CORP WAS
NEUTER PENDING.

CRANBE FAYROUNAT
KW