

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR -2 PH 1:00

DOCUMENT # P98000016689

1. Corporation Name

ORANGE IMPROVEMENTS INC

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

5074 93 LANE

Suite, Apt. #, etc.

City & State

ST PETE FLA.

Zip

33708

Country

U.S.A.

3. Mailing Office Address

5074 93 LANE

Suite, Apt. #, etc.

City & State

ST PETE FLA.

Zip

33708

Country

U.S.A.

CR2E081 (12/07)

4. Date Incorporated or Qualified To Do Business in Florida

2-19-98

5. FEI Number

593495614

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

KEN ROWLAND

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

5074 93 LANE

Suite, Apt. #, Etc.

City

ST PETE

State

FL

Zip Code

33708

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 3-31-08

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
<u>PRAS</u>	<u>KEN WYSS</u>	<u>5074 93 LANE</u>	<u>ST PETE FL 33708</u>
<u>SIC</u>	<u>KEN ROWLAND</u>	<u>5074 93 LANE</u>	<u>ST PETE FL 33708</u>

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04/02/08--01034--012 **450.00

REINSTATEMENT 06-08

B 4/3/08

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

3/31/08

Daytime Phone #

727 391-8899