

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 FEB 23 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000163080

1. Corporation Name

Indigo Insights, Inc.

900170245159
02/23/10--01022--002 **600.00

REINSTATEMENT 07-10

2. Principal Office Address - No P.O. Box # 17935 2nd Avenue North		3. Mailing Office Address 2632 Alabama Avenue South	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Plymouth, MN		City & State Minneapolis, MN	
Zip 55447	Country USA	Zip 55416	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 12/14/2005	
5. FEI Number 20-3974463	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Form-A-Corp		
Street Address (P.O. Box Number is Not Acceptable) 4400 PGA Blvd.		
Suite, Apt. #, Etc. Suite 900		
City Palm Beach Gardens	State FL	Zip Code 33410

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 807.0505 or 817.0503, F.S.

Signature of Registered Agent _____ Date **02/11/2010**
REGISTERED AGENT MUST SIGN

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
D,P	Jennifer Boehlke	17935 2nd Avenue North	Plymouth, MN 55447

10. E-mail Address: **indigoinsights@mac.com**
(To be used for future annual report notification)

11. 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. I further certify 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: **Jennifer Boehlke** **02/11/10** **612-802-6690**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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