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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: All Phase Restoration Ive
(Name of corporation - must include suffix)
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
David R. Harrisod
(Name of Person)
All Phase Restoration Ive
(Firm/Company)
2155 Ton Street
(Address)
Navarre, FC 32566
(City/State and Zip code)
Value of the second of the sec
For further information concerning this matter, please call:
For further information concerning this matter, please call: Das. 2 Hacroson at (801) 30(-7261 MP) (Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy Certified Copy



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 5, 2005

DAVID R. HARRISON 2155 TOM STREET NAVARRE, FL 32566

SUBJECT: ALL-PHASE RESTORATION, INC.

Ref. Number: W05000017223

We have received your document for ALL-PHASE RESTORATION, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 405A00023128

Michelle Hodges Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE REGISTER A FOR	WITH SECTION 607.1 EIGN CORPORATION	1503, FLORIĎA S I TO TRANSACT I	TATUTES, THE F BUSINESS IN THI	OLLOWING IS S E STATE OF FLO	UBMITTED T PRIDA.	O
	Phase R		_			- aşê den. , 4
(Enter name of co	orporation; must include " orp," "Inc," "Co," or "Cor	INCORPORATED	" "COMPANY," "	CORPORATION,	,	
me., co., co	1p, 110, 00, 01 C01	···· · · · · · · · · · · · · · · · · ·		~		
						 :
	ble in Florida, enter altern					ida)
2. (State or country u	inder the law of which it i	3. is incorporated)	<u>81−€</u>	I number, if applic	7 (able)	
4 Eab 8	18, 200 (i i	,	
(Date o	of incorporation)		(Duration: Year c	orp. will cease to e	xist or "perpetua	al")
6	NIA		71 11 10 1			
	(SEE SECTIONS	3 607.1501 & 607.1:	n Florida, if prior to 502, F.S., to determi	ne penalty liability))	
7	542 N 9	100 W	Alensa	wT Gro	ve ut	8406
,	(Principal office add	ress)		د ات	· > ~~ /
	~ 1 00 low	Current mailing add	ress) Na	varre	rc o	0006
	optracting					
	of corporation authorized					- -
	_		_		, .	05 APR
Name	Address of Florida region DA	VIDHARRIS Rectaca	ent -	— <i>1. —</i>	2	7 1 1 1
	2155 TO				€ 15. • • •	3 1
Office Address:						
	<u>Pavarre</u> (Cir	ty)	, Florida <u></u> (Z	ام م م کار کاری ip code)		26
10. Registered age			·		<i>ــه</i> د	
Having been name	d as registered agent a application, I hereby ac	nd to accept servi	ce of process for th	ie above stated co	orporation at t	he place
further agree to co	mply with the provision	is of all statutes re	elative to the prope	er and complete p	o aci in inis co performance o	f my duties,
ana i am jamiliar v	vith and accept the obl	igations of my po:	sition as registered	l agent.		
	() au	id R.l	Hann			
	(Registered	i agent's signature)				•

- 11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.
- 12. Names and business addresses of officers and/or directors:

'A.', DIRECTORS	
Chairman: Danie Harris	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	~~
	 =- ·
Address:	
Address:	
B. OFFICERS	•
President: Davin Rettarrisu	
Address: 502 Gulfshore Dr # 310	
Vice President: Scott Flynsn	
Address: 2155 Ton Street	
Navarre, FL 32566	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
13. (Signature of Director or Officer listed in number 12 of the application)	
(Typed or printed name and capacity of person signing application)	



Utah Department of Commerce Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, PO Box 146705
Salt Lake City, UT 84114-6705
Service Center: (801) 530-4849
Toll Free: (877) 526-3994 Utah Residents
Fax: (801) 530-6438

Web Site: http://www.commerce.utah.gov

March 22, 2005

CERTIFICATE OF EXISTENCE

Registration Number:

4884332-0142

Business Name:

ALL-PHASE RESTORATION, INC.

Registered Date:

FEBRUARY 28, 2001

Entity Type:

CORPORATION - DOMESTIC

Current Status:

GOOD STANDING

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division; and, that Articles of Dissolution have not been filed.

Kathy Berg



Kathy Berg

Director

Division of Corporations and Commercial Code