	LEAVE DEAT	ALL IIND I	HUCTIONS	BEFORE C	OMPLETI	NG THIS FORM.		
•	PLICATION FOR STATEMENT	FLORID	A DEPARTMEN Sande El Mo Secretary of S vision de cenero	NT OF STATE		FILE	D '	
DOCUMENT # V04889					02 FEB 14 AM 10: 43			
Corporati				SECRETALLY OF STATE				
1305, Inc.				}	TALLAHASSEE, FLORIDA			
Principal Place of Business Mailing Address						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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			•		70	11-20	12 UBA	
	dresses are incorrect in any way, line thro		nformation and enter		4. Date Incorpo	DO NOT THE MISSISSIPPORTED TO NOT THE MISSISSIPPORT OF QUALIFIED	k von	
918 Wes Suite, Apt. #,	cipal Office Address, If Applicable t 1st Street , etc.	SAME	SAME Suite, Apt. #, etc.			To Do Business in Florida 01/08/1992 5. FEI Number Applied For		
City & State	, Florida	City & State			5. PEI Number 59–311.		Applied For Not Applicable	
-Zip. 3277	Country	Zip	Countr	у	6. CERTIFICATE	OF STATUS DESIRED	\$ Additional Fee required pra Certificate of Status #2	
	nd Street Addresses of Each Officer and/	or Director (Flo						
Title(s)	Name of Officers and/or Directors 2		Off	eet Address of Each ficer and/or Director se Post Office Box N		City / St	ate / Zip	
PVSTD	Barbara S. Bayhi		918 West 1	lst Street		Sanford, FL.	32771	
								
		 -						
				alite a transfer	51	00005065 -03/07/02-	50055 01068-023	
				,		****300.00	****300.00	
		, ,						
1	8. Name and Address of Current I	registered Age	nt		9. Name and A	ddress of New Registered	Agent	
Vihlen & Sills. P.A.				Name Constitution (O.C. Resolvers and No. Accordance)				
	Spring Centre South monte Springs, FL. 3	d, Suite C	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.					
			·	City		State	Zip Code	
10. I, being a	appointed the registered agent of the abo	ve named com	oration, am familiar w	ith and accept the ot	pligations of Section	FL on 607,0505, F.S.		
Signature of Registered A	Wibles 6 Cills		ENT MUST SIGN			Date//0/0	2	
11. Doe Dep	es this corporation pay a pt. of Revenue under S.	iny intanç 199.032,	gible tax to th Florida State	ne utes. Yes [☐ No 🏻		le for information igible tax.)	
lease the certify th this reins fees owe under oa	3-1 K1	ty of non-compli ver or trustee e colution has bee	ance with Section 11 mpowered to execute in eliminated, the con	9.07(3)(k) in the ever e this application as p porate name satisfie	nt that the information of the provided for in characters the requirement of the contracters of the contract	ation supplied is deemed exe lapter 607 or 617, F.S. I furth its of section 607.0401 or 61 signature shall have the san	mpt from public access. I er certify that when filing 7.0401, F.S., and that all e legal effect as if made	
SIGNATI	SIGNATURE AND TYPED OR PRI	TED NAME OF	SIGNING OFFICER OR	DIRECTOR		7/1-02 40°/ Date D	7 331 16 8 8 sytime Phone #	