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| DOCU 1. Corporat Wil | tion Name | Γ# 460041 F. Poole, IV | , P.A. | | | .* | SECRETAR FALLAHAS: | RY-OF STA- SEE, FLORI | TE IDA |
| | Wekiv | ess a Sprins Rd | 3. Mailing Office Address | | | · | | | |
| Suite, Apt. #, Suit | , etc. .e 204 | | Suite, Apt. #, etc. | | | 4. Date Incom | porated or Qualified | . A stage with the time the promise stage of the | |
| City & State | | | City & State | | | To Do Business in Florida 8/22/74 | | | |
| Longwood, Florida | | | same | | | 5. FEI Number Applied For 59 – 1548288 Not Applicable | | | |
| Zip 3 2 7 | 79 | Country US incle | Zip same | Country same | | 6. CERTIFICATE | OF STATUS DESIRED | S8.75 Add | litional Fee require |
| <u>_</u> | | Annual Company of the | 7. Nam | e and Address of Curre | ent Registered | l Agent | | <u>ja miterio de esta al esta de la esta de</u> | and the second second |
| | Name | | | | | | | | - |
| | William F. Poole, IV Street Address (P.O. Box Number is Not Acceptable) | | | | | 4 | 000003 | 2909 : /01010 | 34 3 |
| | 195 Wekiva Springs Rôad | | | | | | | | ***150.00 |
| | Suite, Apt. #, Etc. | | | | | | | | |
| | City | uite 204 ongwood | | | | | State Zip Coo | de 779 | } |
| 8. I, being a | to the property of the | e registered agent of the above | re named corporation | on, am familiar with and | accept the obli | gations of section | والمتناسسين | The second second second | ر در در در بر شهر سی |
| Signature of | | | | | · | • | | | |
| Registered Agent 111 jan F Pooffeistern Agent MUST SIGN | | | | | | Date 12/20/00 | | | |
| O Namas d | | ddresses of Each Officer and | The second secon | The state of the s | nuet liet at loas | t 3 directors) | and the second second second second second | | ng managan at an Sanaranda at an 7 a |
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| Titles | Officers and/or Directors | | | Officer and/or Director 195 Wekiva Springs Rd | | | | City / State / Zip | |
| Ρ | Will | iam F. Poole, | 1.37 | Suite 204 | Spring | s Rd. | Longwo | od, FL | 32779 |
| S | | · | | 195 Wekiva | Spring | s Rd. | Longwo | od, FL | 32779 |
| | Elber | rta Jane Pool | e | Suite 204 | | | | | |
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| this reins owed by | statement ap | officer or director or the receive optication, the reason for disso- tion have been paid and the a true and accurate, and my si | olution has been elir rames of individuals | ninated, the corporate na listed on this form do no | ame satisfies that It qualify for an | ne requirements exemption und path. | of section 607.0401 er section 119.07(3)(| or 617.0401, F.S (i), F.S. The infor | S., that all fees mation indicated |
| SIGNATI | URE: | | | | | 12/20 | 0/00 (4 | 07)772- | 4888 |

Date

Daytime Phone #

SIGNATURE:

SIGNATURE AND TYPES ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William F. Poole, IV, President

29%

THE SOLUTIONS GROUP

195 Wekiva Springs Road-Suite 204 Longwood, Florida 32779 (407) 772-4888 (407) 772-4891 Facsimile poolelaw@mindspring.com

William F. Poole, IV Attorney at Law Corporate and Business Law Wills, Trusts and Estate Planning

December 20, 2000

William F. Poole, IV Financial Planner* Debt Reduction Wealth Accumulation Retirement Planning Business Succession Investment Management

Secretary of State
Division of Corporations
-P. O. Box 6327
Tallahassee, FL 32314

RE:

Reinstatement

Dear Sir or Madam:

Per my telephone conference with your office I am enclosing our Reinstatement form for processing. Our notice for annual filing was not received. Upon checking with your office it was discovered that our new address had been changed in your records but our mailing address remained an old address. I was told our notice had been returned to your office undelivered.

As instructed, I have enclosed the completed Corporate Reinstatement and our check for \$150.00 for filing fee.

Please advise if additional information or action is needed from our office.

Sincerely,

Jane Poole

WILLIAM F. POOLE, IV, P.A.

Enclosures

un appliet ressent av Estate en la debas part per i manarat en la bladere mere en avez. La appliet en part fan Selector en appliet av Angeland (fan Estate Selector).

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