# F0000006712

### TRANSMITTAL LETTER

To: Qualification/Tax Lien S Division of Corporation				
SUBJECT: FORM- MASTERS, INC.				
(Name of corporation - must include suffix)				
Dear Sir or Madam:				
The enclosed "Application by Fe "Certificate of Existence", and c transact business in Florida.	heck are submitted to re	gister the above reference	ced foreign corpora	tion to 5919——9 01047—008
Please return all correspondence concerning this matter to the following:				
$\mathcal{D}^{a}$	NALD THOMA (Name of)	S, VICE PR	ESIDENT	
				-26518
F	PM- MASTE (Firm/Con	RS. INC. SI	00003445	5 <b>9199</b>
				***2300.80
201 EAST MAIN STREET (Address)				
(Address)				
SANFORD, NC 27330				
(City/State/Zip)				
(,				
Should you need to call someone concerning this matter, please call:				
WANDA BORGE at (919) 774-8835 ES 8 (Name of Person) (Area Code & Daytime Telephone Number) = 5				
(Name of Person) (Area Code & Daytime Telephone Number)				
	•		VS2FE"	-5 E
STREET ADDRESS:		MAILING ADDRESS	5: FE(	Z U
Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	<u>.</u>	Qualification/Tax Lien Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	L	± 5
1 41 41 41 41 41 41 41 41 41 41 41 41 41				12/5
Enclosed is a check for the following amount:				12/5
· ·	.75 Filing Fee &  rtificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing l Certificate of Certified Cop	Fee, Status &



# FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

November 6, 2000

DONALD THOMAS 201 EAST MAIN STREET SANFORD, NC 27330

SUBJECT: FORM-MASTERS, INC. Ref. Number: W00000026518

We have received your document for FORM-MASTERS, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$2300.00.

Enclosed please find a copy of section 607.1501, 617.1501, or 608.502, Florida Statutes, which lists those activities that do not constitute transacting business in this state. If after reviewing this section you determine erroneous information was inserted on the application, a notarized affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business in Florida prior to the year the application was submitted did not constitute transacting business pursuant to section 607.1501, 617.1501 or 608.502, Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays Document Specialist

Letter Number: 900A00057384

DO DOY COST William Florida 9991



# FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

November 22, 2000

DONALD THOMAS 201 EAST MAIN STREET SANFORD, NC 27330

SUBJECT: FORM-MASTERS, INC.

Ref. Number: W00000026518

We have received your document for FORM-MASTERS, INC. and your check(s) totaling \$70.00. 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) 487-6097.

Michael Mays Document Specialist

Letter Number: 000A00059

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## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. FORM-MASTERS, INCORPORATED (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.) NORTH CAROLINA

(State or country under the law of which it is incorporated)

3. 56-1610334

(FEI number, if applicable) (Date of incorporation)

5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual") 4-01-98

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. P.O. Box 75, Sanford, NC 27331-00=5 (Current mailing address) Construction

[Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Abouted Moneae, U.
(Registered 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 addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable) A. DIRECTORS (Street address only - P.O. Box NOT acceptable) Chairman: Address: Vice Chairman: Address: \_\_\_\_\_ Director: Address: B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: ROGER H. BOWDEN Address: \_\_\_ 1017 CLARENCE DRIVE CHAPEL HILL, NC 27516 Vice President: DONALD Address: 360 GREEN LINK DRIVE CAMERON, NC 28326 Secretary: DONALD R. THOMAS Address: 360 GREEN LINK DRIVE CAMERON, NC 28326 Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. DONALD THOMAS, VICE PRESIDENT
(Typed or printed name and capacity of person signing application)



# NORTH CAROLINA

## **Department of The Secretary of State**

#### CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

#### FORM-MASTERS, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 2nd day of June, 1988, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 24th day of October, 2000.

Elaine 4. Marshall
Secretary of State

Certification Number: 5396444-1 Page: 1 of 1 Ref. # 4533075 Verify this certificate online at www.secretary.state.nc.us/Verification.