# F02000005568

(Requestor's Name)				
(Address)	_			
(Address)				
(City/State/Zip/Phone #)	_			
PICK-UP WAIT MAIL				
(Business Entity Name)	_			
(Document Number)				
Certified Copies Certificates of Status	_			
Special Instructions to Filing Officer:				





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11/06/02--01120--009 \*\*70.00







#### **CT** CORPORATION

November 6, 2002

Secretary of State, Florida 409 East Gaines Street N/A Tallahassee FL 32399

Re:

Order #: 5708558 SO

Customer Reference 1: Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Paul D. Sonz Partners (CA) Qualification Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Katrina Forsman Fulfillment Specialist Katrina Forsman@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615 OR MIN-S MIST

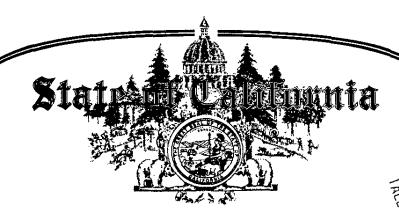
## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIAN REGISTER A F	CE WITH SECTION 607.1503, F OREIGN CORPORATION TO T	FLORIDA STATU RANSACT BUSI	UTES, THE FOLLO NESS IN THE STAT	WING IS SUB TE OF FLORIL	MITTED TO
1. Paul D. Sonz	Partners Inc.				高 为 加
(Name of corp words or abbre	oration; must include the word "INC eviations of like import in language a or partnership if not so contained in	as will clearly indi	cate that it is a corpora		
2. California		3.	68-0189607		T .
(State or country	y under the law of which it is incorp	porated)	(FEI numb	er, if applicable)	· · · · · · · · · · · · · · · · · · ·
4. May 24, 1989	<del></del>	5. Perpetual		<u> </u>	
(Da	ate of incorporation)	(Duration	: Year corp. will ceas	e to exist or "per	:petual")
6. October 28, 2	002				
(Date fir	st transacted business in Florida.) (S	EE SECTIONS 6	07.1501, 607.1502 and	d 817.155, F.S.)	•
7 1001 Second S	Street, Suite 255, Napa, CA 94559				•
7. <u>1007 Dooms 1</u>	, , , , , , , , , , , , , , , , , , ,		<del></del>	B	
<del></del>			· · · · · · · · · · · · · · · · · · ·	<del></del>	<del></del>
	(Current n	nailing address)			
8. Investments	() ()			. (*****	<del></del>
(Purpose	e(s) of corporation authorized in hon	ne state or country	to be carried out in st	ate of Florida)	
9. Name and st	reet address of Florida register	red agent: (P.O	. Box or Mail Drop	Box NOT acc	eptable)
Name:	Paul D. Sonz				
	33 North Garden Avenue, Suite 7	75	1		-
Office Address:		, -	• <del>.</del>		<del>ئ</del>
	Clearwater		, Florida, 33755		•
			(Zip code)	<del></del> .	•• :
10. Registered	agent's acceptance:		(2.7 552)		
this application, I with the provision	ned as registered agent and to accept thereby accept the appointment as as of all statutes relative to the property my position as registered agent.  (Register	registered agent a	and ugree to act in thi verformance of my du	s capacity. I fur	rther agree to comply
	certificate of existence duly authenti				

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable) FL019 - 9/2/99 C T System Online

which it is incorporated.

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)				
Chairman	Paul D. Sonz	<u> </u>		
Address:	33 North Garden Avenue, Suite 775	Se 5 3		
	Clearwater, FL 33755	6 6 7		
	irman:	<b>3</b>		
		OS IN		
Address:		7		
-				
Director:				
Address:				
Director:				
Address:				
B. OFFI	ICERS (Street address only - P.O. Box NOT acceptable)			
President:	Paul D. Sonz	<u> </u>		
Address:	33 North Garden Avenue, Suite 775			
	Clearwater, FL 33755			
Vice Proci	ident:			
Address:				
Secretary:	Paul D. Sonz			
Address:	33 North Garden Avenue, Suite 775			
	Clearwater, FL 33755			
Treasurer:	Paul D, Sonz			
Address:	33 North Garden Avenue, Suite 755			
	Clearwater, FL 33755			
		· · · · · · · · · · · · · · · · · · ·		
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or dire	ectors.		
13	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application	ion)		
14 Paul l	D. Sonz, President	,		
	(Typed or printed name and capacity of person signing application)	//		



### SECRETARY OF STATE

## CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, BILL JONES, Secretary of State of the State of California, hereby certify:

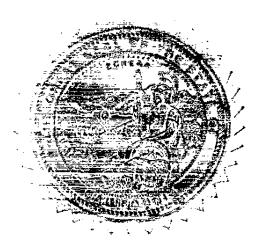
That on the 24TH day of MAY, 1989, PAUL D. SONZ PARTNERS became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 5, 2002.

BILL JONES
Secretary of State