P15000000019

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

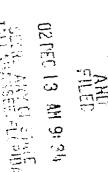
Office Use Only



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MAZ-32-765



12/1002

TRANSMITTAL LETTER

SUBJECT: FLORIDA RESTORATION SE	RVICE, INC.
	orporation - must include suffix)
Dear Sir or Madam:	
	ation for Authorization to Transact Business in Florida", nitted to register the above referenced foreign corporation
Please return all correspondence concerning the	his matter to the following:
M. MORAN	<u>り</u>
	(Name of Person)
FLORIDA RESTORA	tion Strvice, Inc (Firm/Company)
<u></u>	(Firm/Company)
1201 S. 2/2t	AVE. BUR
Hollywood, F.	7.33000 超显
(Ci	ity/State and Zip code)
For further information concerning this matter	r, please call:
R. CERCTIO at (954, 926-650v
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
409 E. Gaines St. Tallahassee, FL 32399	P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee Certificate of Sta	



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

November 27, 2002

M. MORAN FLORIDA RESTORATION SERVICE, INC. 1201 S. 21ST AVE. HOLLYWOOD, FL 33020

SUBJECT: FLORIDA RESTORATION SERVICE, INC.

Ref. Number: W02000032765

We have received your document for FLORIDA RESTORATION SERVICE, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

You failed to make the correction(s) requested in our previous letter.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6025.

Trevor Brumbley Document Specialist

Letter Number: 602A00063764



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

November 18, 2002

M. MORAN FLORIDA RESTORATION SERVICE, INC. 1201 S. 21ST AVE. HOLLYWOOD, FL 33020

SUBJECT: FLORIDA RESTORATION SERVICE, INC.

Ref. Number: W02000032765

We have received your document for FLORIDA RESTORATION SERVICE, 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):

The registered agent must sign accepting the designation.

There was not an attached page listing the officers/directors.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6025.

Trevor Brumbley Document Specialist

Letter Number: 302A00062185

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.

1. FLORIDA RESTORATION SERVICE, INC.

(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.)

2. DELAWARE

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

(FEI number, if applicable)

4. O 29/0 - 5. (Duration: Year corp. will cease to exist or "perpetual")

6. (Duration: Year corp. will cease to exist or "perpetual")

(Date first transacted business in Florida: If corporation has not transacted business in Florida, insert "upon qualification.")

(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 1201 S. 21st Ave., Hollywood, FL. 33000
(Principal office address)

(Current mailing address)

8. Res Toration Co.

(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)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee , Florida 32301
(City) (Zip code)

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 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.

Corporation Service Company
(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 business addresses of officers and/or directors: A. DIRECTORS Address: Vice Chairman: Address: 32020 Director: Address: Director: Address: **B. OFFICERS** President: See attached officers/directors Address: Vice President: Address: Secretary: Address: Treasurer: Address: NOTE: If necessary, you may attach ap addendum to the application listing additional officers and/or directors. Vice Chairman, or any officer listed in number 12 of the application) 14. (Typed or printed name and capacity of person signing application)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FLORIDA RESTORATION SERVICE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF DECEMBER, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FLORIDA RESTORATION SERVICE, INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF OCTOBER, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

Warriet Smith Windson Secretary of State

AUTHENTICATION: 2127695

DATE: 12-06-02

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