## F07000001361

(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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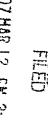




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## **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: Defom Corporation, Inc.
(Name of corporation - must include suffix)
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Michael G. Tombari
(Name of Person)
American Realty Investors
(Firm/Company)
11811 North Freeway, Suite 300
(Address)
Houston, Texas 77060
(City/State and Zip code)
For further information concerning this matter, please call:  Michael G. Tombari  at ( 281 ) 820-0747
(Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS:  New Filing Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301  MAILING ADDRESS:  New Filing Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314
Enclosed is a check for the following amount:
7 \$70.00 Filing Fee \$\ \tag{S78.75 Filing Fee & \tag{S78.75 Filing Fee & \tag{S87.50 Filing Fee,}}\$  Certificate of Status Certified Copy Certificate of Status & Certified Copy

## 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. DE FOR	T CORPORATION	, INC.			
	orporation; must include "INCO orp," "Inc," "Co," or "Corp.")	RPORATED," "C	OMPANY," "CORPORAT	TON,"	
(If name unavaila	able in Florida, enter alternate co	rporate name adop	ted for the purpose of transa	cting business in I	Florida)
2 16 ANS	AS	3	98-004 6480		
(State or country t	under the law of which it is income	rporated)	(FEI number, if	applicable)	<del></del>
4 MARCH	6, 1990	5	PER RETURC	, 	
(Date	of incorporation)	(Dı	ration: Year corp. will ceas	e to exist or "perp	etual")
6.	-~				
			rida, if prior to registration)	1.99. N	<del></del>
0421 11			S.S., to determine penalty lia		
7. /821 NO	ONTH DALE MATTI (Princi IN IN DAK MATTI (Curren	not office address	VAI, SUITEIN	THHOW	5/4/4
7821 11	rinici)	on Himba	AU SUITPIN	TAMOR	# 336 M
7047 700.	Currer	it mailing address)	177, 00 116/10	181-1004	
	(*******	······································			
8. NEAL I	STAR JAUGITI	NN#		AL P	API SFOR
	) of corporation authorized in ho		to be carried out in state of	Florida)	
9. Name and street	t address of Florida registered	l agent: (P.O. Bo	x NOT acceptable)	SSE	る品質
	GOADON B. T.	HAGMAN		ות תו	S B DUF
Name:	GULLOW				\$¥ 92 €
Office Address:	18-1 NONTO VA	4 CM DAY	HANGAGA, ZA	DA BA	55.
	TAMPA		Florida 33614	3201	
	7821 NONTO DA THINA (City)		(Zip code)		
	rantin aaaantanaa				٠.

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.

Soular B. Tangman
(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			
Chairman:			
Address:		<del>2</del> 0	<del></del>
· · · · · · · · · · · · · · · · · · ·			
Vice Chairman:	\$\$\$.	2	111
Address:	- <u>-                                  </u>	<u>는 교</u> 일 ::	
- · · · · ·	PARIO NO PAR	PAR SE	
Director: Fausto C. Rus		<u> </u>	<del></del>
Address: Via Maggio 1	CH-6900		
Lugano, Sz			
Director:			
Address:			
B. OFFICERS			
President: Fausto C. Ru	sca		
Address: Via Maggio 1	CH-6900		
Lugano, SZ			
Vice President: Michael G	Tombari		
Address: 11811 North F	reeway, Suite 300		
Houston, Tx 7	<b>'</b> 060		
Secretary: Michael G. To	mbari		
•	reeway, Suite 300 Houston, Tx 77060		
Treasurer: Kenneth L. H.	atfield		
• •	reeway, Suite 300 Houston, Tx 77060		
			<u> </u>
NOTE: If necessary, you may	attach an addendum to the application listing additional officers and/or di	rectors.	
13. Konstha	Harter		····
Konnoth I Hotfie	re of Director or Officer listed in number 12 of the application)		
	or printed name and capacity of person signing application)	<del></del>	

## STATE OF KANSAS **OFFICE OF SECRETARY OF STATE RON THORNBURGH**



To all to whom these presents shall come, Greetings:

I, RON THORNBURGH, Secretary of State of the state of Kansas, do hereby certify that I am the custodian of records of the State of Kansas relating to business entities and that I am the proper official to execute this certificate.

Entity Name: DEFOM CORPORATION, INC.

Structure: KANSAS FOR PROFIT CORPORATION

Business Entity ID Number: 1729086

Was filed in this office on March 06, 1990 and has complied with the applicable provisions of the laws of the state of Kansas and on this date is in good standing and authorized to transact business or to conduct affairs within this state



number.

In testimony whereof: I hereto set my hand and cause to be affixed my official seal. Done at the City of Topeka, this 06 of March , 2007.

**RON THORNBURGH SECRETARY OF STATE** 

Certificate ID: 72660 - To verify the validity of this certificate please visit https://www.accesskansas.org/businessentity/validate.html and enter the certificate ID

