

(R	equestor'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:				
	·			

Office Use Only



500173362695

04/07/10--01010--019 **43.75





COVER LETTER

TO:	Amendment Section Division of Corpor	n ations		
SUBJECT: PIN 1 BOWLING SUPPLY INC				
		Nar	ne of Corporation	
DOC	UMENT NUMBER	•	F1000000059	92
The e	nclosed Affidavit by itted for filing.	Foreign Corporation	to Change/Add Office	er(s) and/or Director(s) and fee are
Pleas	e return all correspon	dence concerning this	matter to the following	g:
		IA OTERO		
	Name of	Contact Person		
		ING SUPPLY INC	···	
		ARTHUR ST Address		
		OOD, FL 33020 te and Zip Code		
	E-mail address: (to be u	sed for future annual re	port notification)	
For f	urther information co	ncerning this matter, p	please call:	
_	MARIA OT Name of Contact I	ERO at	(<u>954</u>) Area Code & Daytime	534-5479 Telephone Number
Enclo	osed is a check made	payable to the Florida	Department of State 1	for the following amount:
{	\$35.00 Filing Fee	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
	Mailing Address: Amendment Section Division of Corporation		Street Address: Amendment Secti Division of Corpo	

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

(Note: Applicable only during the first calendar year of qualification)

The name of the foreign corporation as it appears of PIN 1 BOWLIN	on the records of the Florida Department of State is:		
	Florida on 02-03-2010 and its Florida document		
3. This corporation was formed under the laws of	VIRGINIA		
4. The name and address of each officer and/or direct			
<u>Title:</u>	Name and Address		
DIRECTOR	EDUARDO M DHERS		
	2636 LACLEDE AVENUE		
	RICHMOND VA 23233		
PRESIDENT	EDUARDO M DHERS		
	2636 LACLEDE AVENUE		
	RICHMOND VA 23233		
SECRETARY	MARIA OTERO		
	1633 ARTHUR ST		
	HOLLYWOOD, FL 33020		
(Attach additional pag	res if necessary)		
duards the	PRESIDENT		
nature of an officer or director EDUARDO M DHERS	Title of person signing		
EDUAKDO MI DUEKO	FILING FEE \$35		

Make checks payable to Florida Department of State and Mail to: Division of Corporations PO Box 6327 Tallahassee, FL 32314

CR2E127 (8/08)

Typed or printed name of person signing