

F12000003278

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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RE-SUBMIT

Please retain original filing date of submission 8/6

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
DEJON CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	051
Estimated Charge	\$70.00

FILED
12 AUG - 6 AM 11: 52

SECRETARY OF STATE
DIVISION OF CORPORATIONS

RECEIVED
12 AUG - 7 PM 12: 53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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8/8/12

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Dejon Corporation

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," or "Certificate of Good Standing" 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:

Rachel Collins

Name of Person

Dejon Corporation

Firm/Company

1030 Central Park Dr.

Address

Sanford, FL 32771

City/State and Zip code

rcollins@gunderboom.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rachel Collins

at

(407)

548-2200

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:



\$70.00 Filing Fee



\$78.75 Filing Fee &
Certificate of Status



\$78.75 Filing Fee &
Certified Copy



\$87.50 Filing Fee,
Certificate of Status &
Certified Copy

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August 7, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: DEJON CORPORATION
REF: H12000197977

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Diane Cushing FAX Aud. #: H12000197977
Regulatory Specialist II Supervisor Letter Number: 012A00020435

RE-SUBMIT
Please retain original filing
date of submission 8/6

P.O. BOX 6327 - Tallahassee, Florida 32314

**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. Dejon Corporation
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Alaska 3. 92-0145914
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/23/1993 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1050 Central Park Dr., Sanford, FL 32771
(Principal office address)

1050 Central Park Dr., Sanford, FL 32771
(Current mailing address)

8. Engineering/Consulting
(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 NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

CT Corporation System

By: _____

(Registered agent's signature)

Madonna Cuddihy
Special Assistant Secretary

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.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Harold B. Dreyer

Address: 234 Villa De Este Terrace, Apt. 104

Lake Mary, FL 32746

Director: _____

Address: _____

B. OFFICERS

President: Harold B. Dreyer

Address: 234 Villa De Este Terrace, Apt. 104

Lake Mary, FL 32746

Vice President: _____

Address: _____

Secretary: Harold B. Dreyer

Address: 234 Villa De Este Terrace, Apt. 104 Lake Mary, FL 32746

Treasurer: Harold B. Dreyer

Address: 234 Villa De Este Terrace, Apt. 104 Lake Mary, FL 32746

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. [Signature]

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Harold B. Dreyer

(Typed or printed name and capacity of person signing application)

Alaska Entity #51880D

State of Alaska
Department of Commerce, Community and Economic Development
Corporations, Business and Professional Licensing

Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

DEJON CORPORATION

This entity was formed on June 25, 1993 and is in good standing. This entity has filed all biennial reports and fees due at this time.

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



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective August 03, 2012.

Susan K. Bell
Commissioner

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CORPORATIONS