F95000002305

95 APR 28 PM 3:19
DIVISION OF CORPORATION

Vicki Cole
(Requestor's Name)
457 Mashes Sands Rd.
(Address)
Panacea FL. 32347 904-984 5003
(City, State, Zip) (Phone #)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (If known):

700001468697
-04/28/95--01083--015
*****70.00 *****70.00

1. Datapro of Georgia, INC.
(Corporation Name) (Document #)
2. (Corporation Name) (Document #)
3. (Corporation Name) (Document #)
4. (Corporation Name) (Document #)

[X] Walk in [ ] Pick up time _____ [ ] Certified Copy

[ ] Mail out [X] Will wait [ ] Photocopy [ ] Certificate of Status

	NEW FILINGS
X	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

WAS FILED

S/O

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 10 PM 4:05

Examiner's Initials	

CR2E031(10/92)

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 28, 1995

VICKI CAGE
457 MASHES SANDS RD.
PANACEA, FL 32347

SUBJECT: DATAPRO OF GEORGIA, INC.
Ref. Number: W95000009115

We have received your document for DATAPRO OF GEORGIA, INC. and your check(s) totaling $70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

A certificate of existence, 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 (904) 487-6094.

Steven Harris
Corporate Specialist

Letter Number: 295A00020433

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 10 PM 4:05

Datapro

Vicki L Cage
President
P.O. Box 457
2269 Surf Road A7
Panacea, Florida 32346

Telephone (904)984-5005

Florida Department of State
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RESOLUTION ADOPTED BY BOARD OF DIRECTORS AT ORGANIZATIONAL MEETING

OF

DATAPRO, Inc.

We the undersigned, being all the directors of this Corporation, hereby adopt the following resolution;

(1) Resolved, that Datapro of Georgia, Inc. will be the official name for Datapro, Inc. in the State of Florida.

Date: April 18, 1995

Vicki Cage
President

Treasurer

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 10 PM 4:05

TRANSMITTAL LETTER

[redacted]

TO: QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS

SUBJECT: Datapro of Georgia, 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:

Vicki Cage
(Name of Person)
Datapro of Georgia, Inc.
(Firm/Company)
P.O. Box 459
(Address)
Panacea, FL 32346
(City, State and Zip Code)

Should you need to call someone concerning this matter, please call:

Vicki Cage at (904) 984-6003
(Name of Person) Area Code & Daytime Telephone Number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 10 PM 4:05

COURIER ADDRESS:
Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Qualification/Tax Lien Sec.
Division of Corporations
P. O. Box 6327
Tallahassee, FL 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. Datapro of Georgia, 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. Georgia (State or country under the law of which it is incorporated) 3. 58-214-6933 (FEI number, if applicable)

4. 12/5/94 (Date of incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")

6. April 3 1995 (Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.155, F.S.)

7. P.O. Box 457
Panacea FL. 32346
(Current mailing address)

8. Computer Services
(Purpose(s) of corporation authorized in home state or country to be carried out in the State of Florida)

9. **Name and street address of Florida registered agent:**

Name: ~~H~~ Vicki L. CAGE

Office Address: 457 MASHES SAND Rd.

PANACEA, FL., Florida, 32346
(Zip Code)

FILED
95 MAY 10 PM 4:05
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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.

Vicki Cage
(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 addresses of officers and/or directors:

A. DIRECTORS

Chairman: Vicki Cage

Address: 457 MASHES SANDS Rd.
PANACEA, FL. 32347

Vice Chairman: Derrest Williams

Address: 7034 HATHOR RD.
Corpus Christi, Tx. 78412

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Vicki Cage

Address: 457 MASHES SANDS RD.
PANACEA, FL. 32347

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: Derrest Williams

Address: 7034 HATHOR RD.
Corpus Christi, Tx 78412

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 10 PM 4:05

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

13. Vicki Cage, President of Datapro of Georgia, Inc.
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Vicki Cage
(Typed or printed name and capacity of person signing application)

Secretary of State
Corporations Division
Suite 315, West Tower
2 Martin Luther King Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 951250035
CONTROL NUMBER : 9430920
DATE INC/AUTH/FILED: 12/05/1994
JURISDICTION : GEORGIA
PRINT DATE : 05/05/1995
FORM NUMBER : 211

DATAPRO, INC./VICKI L CAGE
2289 SURF RD. A7
P O BOX 457
PANACEA FL 32346

CERTIFICATE OF EXISTENCE

I, MAX CLELAND, Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

DATAPRO, INC.
A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above and was incorporated, formed, or authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution or certificate of cancellation with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 10 PM 4:05

Max Cleland
MAX CLELAND
SECRETARY OF STATE

CORPORATIONS
656-2817

CORPORATIONS HOT LINE
404-656-2222
Outside Metro-Atlanta

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1996 SEP 27 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000002305

1. Corporation Name
DATAPRO OF GEORGIA, INC.

Principal Place of Business	Mailing Address
P.O. BOX 457 PANACEA FL 32346	P.O. BOX 457 PANACEA FL 32346

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
3527 Clifden Dr.
Suite, Apt. #, etc.
City & State: Tallahassee, FL.
Zip: 32308 Country: U.S.

3. New Mailing Office Address, If Applicable
3527 Clifden Dr.
Suite, Apt. #, etc.
City & State: Tallahassee, FL
Zip: 32308 Country: U.S.

4. Date Incorporated or Qualified To Do Business In Florida: 05/10/1995

5. FEI Number: 59-2146833 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	CAGE, VICKI	~~457 MASHES SAND RD.~~ 3527 Clifden Dr.	~~PANACEA FL 32347~~ Tallahassee, FL. 32308
TD	WILLIAMS, DERREST	7034 HATHOR RD.	CORPUS CHRISTI TX 78412
			300001360383 -10/01/96--01113--005 *****375.00 *****375.00

REINSTATEMENT

8. Name and Address of Current Registered Agent
CAGE, VICKI L
457 MASHES SAND RD.
PANACEA FL 32347

9. Name and Address of New Registered Agent
Name: Vicki Cage
Street Address (P.O. Box Number Not Acceptable): 3527 Clifden Dr.
Suite, Apt. #, Etc.
City: Tallahassee State: FL Zip Code: 32308

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Vicki Cage SIGNATURE REQUIRED Date: 9/26/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Vicki Cage SIGNATURE REQUIRED 9/26/96 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E040 (7/96)