

F95000002305

Vikki CAGE
(Requester's Name)
457 MAKES SANDS RD.
(Address)
PANACEA FL. 32347 604-684
(City, State, Zip) (Phone #) 5003

95 APR 28 PM 3:49
DIVISION OF CORPORATION

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 #)

☒ Walk in ☐ Pick up time _____ ☒ Certified Copy
☐ Mail out ☒ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
☒ 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	

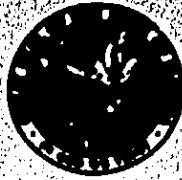
REGISTRATION/ QUALIFICATION	
☐ Foreign	
☐ Limited Partnership	
☐ Reinstatement	
☐ Trademark	
☐ Other	

~~WAS OFFS~~

5%

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

Examiner's Initials



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

Victor L. Cope
President
P.O. Box 457
2280 Surf Road A7
Pensacola, Florida 32340

Telephone (904) 884-8003

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

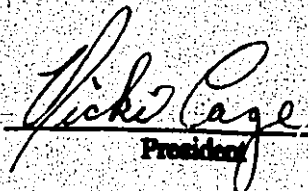
OF

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's.

Date: April 18, 1995


President

Treasurer

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

TRANSMITTAL LETTER

**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 457
(Address)
Panacea, FL 32346
(City, State and Zip Code)

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

Vicki Cage at (904) 984-5003
(Name of Person) Area Code & Daytime Telephone Number

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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
TRANSACTION BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE
STATE OF FLORIDA:**

1. Dataro 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/A Vicki L. Cage
Office Address: 457 MASHES SAND Rd.
PANACEA, FL., Florida, 32347
(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.

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.

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

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

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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 and is authorized to transact business in this state.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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

P.O. BOX 457
PANACEA FL 32346

Mailing Address

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.

3. New Mailing Office Address, If Applicable

3527 Clifden Dr.
Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32308

Country

U.S.

Zip

32308

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

05/10/1995

5. FEI Number

58-2146833

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PD	CAGE, VICKI	457 MASHES SANDS RD. 3527 Clifden Dr.	PANACEA FL 32347 Tallahassee, FL 32308
TD	WILLIAMS, DERREST	7034 HATHOR RD.	CORPUS CHRISTI TX 78412
			300001960983 -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 607.0565, F.S.

Signature of
Registered Agent

Vicki Cage
REQUIRED

REGISTERED AGENT MUST SIGN

Date **9/26/96**

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)(f), 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
REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/26/96
Date

Daytime Phone #