# F96000003552

SUBJECT: Dr Fix-it, Inc.

(Name of corporation - must include suffix)

(Name of Person)

(Name of Person)

(Firm/Company)

(Name of Person)

(Address)

(City/State/Zip)

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

3435 Bayshore Blvd. #1800

Tampa, Florida 33629

Antonio Martinez-Monfort at (813 (Area Code

at (813 ) 243-1414 (Area Code & Daytime Telephone Number)

#### **COURIER ADDRESS:**

TO:

Qualification/Tax Lien Section Division of Corporations

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

#### **MAILING ADDRESS:**

Qualification/Tax Lien Section 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:

	Dr Fix-it, Inc.		
	(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION words or abbreviations of like import in language as will clearly indicate that it is a corporation instead natural person or partnership if not so contained in the name at present.)	or of a	
2.	Delaware 2 . 19 - 2254064		
۷,	Oblaware  (State or country under the law of which it is incorporated)  (FBI number, if applicable)	-	
4.	August 2, 1995  (Date of Incorporation)  5. Perpetual  (Duration: Year corp. will cease to eximper perpetual)	st or	-
6.	No business has been transacted in Florida		_
٠.	(Date first transacted business in Florida. (SER SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)	-85	- VI
7.	3435 Bayshore Blvd. # 1800		SION
	Tampa, Florida 33629	12	
	(Current mailing address)	7	골다
		<b>0</b>	-0-:
	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida	•	ATIONS
	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida  Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box acceptable)	)	ATIONS
8. 9.	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida  Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box	)	ATIONS
	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida  Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box acceptable)	)	ATIONS C.
	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida  Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box acceptable)  Name: Luis Martinez-Monfort  Office Address: 6150 Gulfport Blvd #406	)	ATIONS C.
9.	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida  Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box acceptable)  Name:	) <u>NO'</u>	ATIONS C.

incorporated.

12. Names and addresses of officers and/or directors; (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O . Box NOT acceptable)

	. Autonio Murtinoz-Monfort		_
Address: _	3435 Bayshore Blvd. # 1800		_
_	Tampa, Florida 33629		
Vice Chair	man:		
Address: _			_
			_
Director: _	Elizabeth Martinez-Monfort		_
Address: _	3435 Bayshore Blvd. #1800		_
	Tampa, Florida 33629		_
Director: _			-
Address: _			
_		<u>8</u>	- M
B. OFFIC	ERS (Street address only- P. O. Box NOT acceptable)		. I Noistaid
President:	Antonio Martinez-Monfort	. 73	
Address: _	3435 Bayshore Blvd. #1800	江	- CON 50
_	Tampa, Florida 33629	% 89.	ORAT
Vice Presid	ient: Carlos de Quesada	`, <del>-</del> -	280
Address: _	3435 Bayshore Blvd. #2100		
_	Tampa, Florida 33629		_
Secretary:	Elizabeth Martinez-Monfort		_
Address: _	3435 Bayshore Blvd. #1800		_
_	Tampa, Florida 33629		_
Treasurer:	Elizabeth Martinez-Monfort		_
Address: _	3435 Bayshore Blvd. #1800		<del></del>
_	Tampa, Florida 33629	·	_
NOTE: If officers and	necessary, you may attach an addendum to the application listing additional directors.	onal	
(Si <sub>l</sub>	gnature of Chairman, Vice Chairman, or any officer listed in number 12 of the applicat	ion)	_
14. <u>Ant</u>	tonio Martinez-Monfort (Typed or printed name and capacity of person signing application)		

### Office of the Secretary of State

I. EDWARD J. FREEL. SECRETARY OF STATE OF THE STATE OF DELAWARE. DO HEREBY CERTIFY \*DR FIX-IT. INC.\* IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW. AS OF THE FIRST DAY OF JULY. A.D. 1996.



Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE:

8010395

07-01-96

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