206187

Division	of Corporations
SUBJECT:	P.D.C.INNOVATIVE INDUSTRIES, INC.
	(Name of corporation - must include suffix)
Dear Sir or Mada	ım:
The enclosed "Ag "Certificate of Ex transact business	pplication by Foreign Corporation for Authorization to Transact Business in Florida", sistence", and check are submitted to register the above referenced foreign corporation to in Florida.
Please return all	correspondence concerning this matter to the following:
	MRS. SANDRA SOWERS
_	MRS. SANDRA SOWERS (Name of Person)
	P.D.C.INNOVATIVE INDUSTRIES, INC.
_	(C)
	(Address) 33065
-	(Address) 33065 & &
	CORPORATE PARK, BAY 5
-	(City/State/Zip)
Should you need	to call someone concerning this matter, please call: 60002675906—-2 -10/29/9801079003 *****78.75
MRS S	SANDRA SOWERS at (954) 341-0092
(Name	of Person) (Area Code & Daytime Telephone Number)
STREET ADDI	RESS: MAILING ADDRESS:

To:

Qualification/Tax Lien Section

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

Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

AL NOV - 9 1998

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		INNOVATIVE I					OD 4 5703	. 772			-
(Name of corpo	oration; must include the	e word "INCORPORA n language as will clea	TED", "C	OMPANY	", "CORP	OKATIO:	N″or edofa			
10	natural person o	or partnership if not so	contained in the name	at present	.)	d vorpora					
	-	•				4 10	000	12 62	,		
2.	Nav	ada -	<u></u>	3	1P 7	# 65- FEI numbe	080	7533	· 		
(5	State or country	under the law of which	h it is incorporated)		C	FEI numbe	r, if appli	cable)			
4.		1/22/98	5.		PERPE'	TUAL.					
	(Da	te of incorporation)	Day 104 20	Duration:	Year corp.	will cease	to exist o	ог "регре	tual")		
6.			JANUARY 23	, 199	8						
_	(Date firs	t transacted business in	Florida.) (SEE SECT	IONS 607.	1501, 607.	.1502 and	317.155, 1	F.S.)			
7.											
-		·····								~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	_
_	3701 N	.W. 126 AVE.,	CORAL SPRINGS (Current mailing at	dress)	RIDA 33	3065/ (ORPOR	ATE P	ARK	<u>BA</u> Y	5
			(
8.		MANU	FACTURE BUILD	ING/C	ONSTRUC	CTION E	IARDWA	RE			
o	(Purpose	(s) of corporation author	orized in home state or	country to	be carried	d out in sta	te of Flor	ida)			,
9 1	Name and str	eet address of Florid	da registered agent:	(P.O. B	ox or Mai	1 Дгор Во	x NOT a	acceptab	le)		
<i>-</i> .								AL 3SE	98		
	Name:	MRS. SANDRA	SOWERS 3701 N	<u>I.W.</u> 1:	26 AVE	CORAL	SPRIN	GS SI	'LORI	IDA	33065
Offi	ice Address:	S A S	ME AS ABOVE						1		
					, ,		- ,	177	J. 6	1	
		CORAL SPRING	S	, F			<u> </u>	71	=	H = 1	
					. (.)	Zip code)			PM 1: 08	-	
10.	Registered a	gent's acceptance:						DE.	∞.		

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.

(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: (Street address ONLY - P.O. Box NOT acceptable	e)
	RS (Street address only - P.O. Box NOT acceptable)	
Chairman:	1. SANDRA D. SOWERS	
Address:	3701 N.W. 126th AVE. (13495)	
	CORAL SPRINGS, FLORIDA 33065	
Vice Chairman:	2. VERNON LEROY SOWERS	
Address:	3701 NW 126th AVE (PAMS)	
	CORAL DAKINGS, FLORING JOUG	
Director:	3. DAVIP A. SOWERS	
Address:	3701 NW 126th AVE (19495)	F. 9
	CORAL SPRINGS, FLORIDA 33065	F 5 7
Director:		9 T
Address:		= 5
		1: 0:
	RS (Street address only - P.O. Box NOT acceptable)	Dr.
President:	SANDRA D. SOWERS	
Address:	3701 N.W. 176 th AVE (MAYS)	
	CORAL SPRINGS, FLORIDA 33065	
Vice President:	VERNON LEROY SOWERS	
	3701 NU 126th AVE (BAYS)	
Address:	CORAL SPRINGS, FLORIDA 33065	
Secretary:	SANDRA D. SOWERS	
Address:	3701 N.W. 126th AVE (18445)	-
Addicss	CORAL SPRINGS, FLORIDA 33065	
Treasurer:	SANDRA D. SOWERS CO.	
	3701 NW 126th AVE (BAYS)	<u></u>
Address:	CORAL SPRINGS, FLORIDA 33065	
NOTE: If neo	cessary, you may attach an addendum to the application listing additional officers and/or	lirectors.
ν <	Tours Jourse	· .
13	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the appli	cation)
14.	SANDRA D. SOWERS	
	(Typed or printed name and capacity of person signing application)	



I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, and limited-liability partnerships pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **P.D.C. INNOVATIVE INDUSTRIES**, **INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since September 7, 1994, and is in good standing in this state.

Ву

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on November 4, 1998.

Secretary of State

Certification Clerk