F99 000 005718

Requester's Name

Address

City/State

ACE PERSONNEL
6400 Glenwood, #309
Overland Park, KS 66202

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TALLAHASSEE, FLORIDA

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____   _____
   (Corporation Name)   (Document #)

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2. _____   _____   *****43.75 *****43.75
   (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	AMENDMENTS

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

With 9-25-00 ms

AMENDMENTS

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

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

CR2E031(7/97)

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

ASTRA GROUP CORPORATION
(Name of Corporation)

STATE OF KANSAS
(Incorporated Under Laws Of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address to which the Department of State may mail a copy of any process against this corporation that may be served on the Department.

6400 GLENWOOD, SUITE 309
(Mailing Address)

OVERLAND PARK, KS 66202
(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

P. S [signature]   _PRESIDENT_
Signature of the chairman or vice chairman of the board,   Title
president, or any officer.

P. SHANE JONES   _9/11/00_
Typed or printed name   Date