PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICAT	ON			NT OF STATE	•	1		
¹ FOR		2	Sandra-B. Moi			ęs.	of American	
REINSTATE	AFNT	,	Secretary of			F-1	ILED	
		Di	/ISION OF CORPO	HATIONS	-}	07.44		
DOCUMENT	# 1 204714	L	100			97 MAY - (5 AM 9: 36	
1 Corporation Name	4	+			ļ			
Single Profile, Inc.					:	SECRETAL	RY OF STATE DEE, FLORIDA	
						MLLAMASS	JEE, FLORIDA	
Manager 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					-			
Principal Place of Busine		Mailing Addre	ess		1			
5225-B West Broward Blvd.							- Oil Oa	
Pla	intation, FL 33	31/				MATEMEN	17 UI/1-41	
					BEINS) WI PINE.	17910-97	
If above addresses are	incorrect in any way, line thro	ough incorrect in	formation and enter	correction below.	9 60000			
New Principal Office Address, If Applicable 3. New Mailir			ng Office Address, If Applicable			orated or Qualified ess in Florida		
Suite, Apt. #, etc. Suite, Apt. #,			etc.		- TO DO BUSIN	1	990	
					5. FEI Number		Applied For	
City & State		City & State				0207792	Not Applicable	
Zip	Country	Zip	Count	у	6.	OF STATUS DESIRED	8.75 Additional Fee required	
					CENTIFICATE	OF STATUS DESIRED	Toria Gerulicate of Status	
7. Names and Street Ad-	dresses of Each Officer and/	or Director (Flor						
Tifle(s)	Name of Officers and/or Directors		0	reet Address of Eacl ficer and/or Directo	r	City / 5	State / Zip	
1 2			3 (Do NOT Use Post Office Box N		Numbers) 4			
Pres. Bruce A. Batchelder 3001 W. Rolling Hill					ls Circle	Davie, FL 333	28	
V.P., See, TREA	<u> </u>		#303					
, 353		01	2002 W. W				B Rel	
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						M_{λ}	5-9-97	
., .						<u> </u>)-9-9	
8. Name and Address of Current Registered Agent					9. Name and A	ddress of New Registered	Agent	
Bruce A. Batchelder							[2/8]	
3001 W. Rolling Hills Circle, #303					reet Address (P.O. Box Number is Not Acceptable)			
Davie, FL 33328				Suite, Apt. #, Etc.				
•				Suite, Apr. #, E.te				
				City State Zip Code				
10. Liberary appointed the	e registered agent of the abo	ve named corpo	ration am familiar w	ith and accept the o	blinations of Section			
**************************************		1-1-1	11	no apopt and a	onganono or ocon			
	ISMUL M	THE REAL PROPERTY.				Date 5/1/9		
(1 1 1 1 1 1 1 1 1	Villa.				····			
11. Does this	11. Does this corporation pay any intangible tax to the (See other side for information							
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No								
Dopt. Of the	corporation pay a evenue under S.	iny intang 199.032,	Florida Stat	utes. Yes	L No L	on inte	angible tax.)	
						<u>.</u>		
12. I certify that I am an o	officer or director or the receivalication, the reason for disso	ver or trustee em lution has been	powered to execute	this application as porate name satisfies	provided for in chap the requirements	nd pter 607 or 617, F.S. I furths of section 607.0401 or 617.	er certify that when filing 0401, F.S., that all fees	
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