~	P	LEAS	E READ	ALL INST	RUCTI	IONS	BEFORE C	COMPLET	TING THIS FORM.	.07
	FUCATIC FOR (STATEM	OP'	US		DEPAR Katheri Secretai	ine Har ry ôi St	ate		FILED	lan
DOCUMENT # P00000024939 1. Corporation Name								01	DEC 10 PH 2: 17	
ACCIDENT & INJURY ATTORNEY HOTLINE, INC.								SE! TAL	CRETARY OF STATE LAHASSEE FLORIDA	
Principal Placy of Business Mailing Address								1		·
					ST COLONIAL DR. #11 D FL 32803 .					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.								0(
New Principal Office Address, If Applicable 3. N				3. New Maiii	. New Mailing Office Address, If Applicable			4. Date Incor To Do Bus	rporated or Qualified siness in Florida 03/0	06/2000
Suite, Apt. #, etc. Suite				Suite, Apt. #,	uite, Apt. #, etc.			5. FEI Number Applied For		
City & State City				≖City-&:State	City & State					Not Applicable
Zip Country			Zip		Country		6. CERTIFICA		Additional Fee required a Certificate of Status	
7. Names	and Street Addre			or Director (Flo	rida nonprof		ions must list at lea	•		
Title(s)	Name of Officers and/or Directors 3				3	Street Address of Each Officer and/or Director			City / Stat	ə / Zip
PD	PD TRAN, SON VAN			870 BLACKLAND TER., #200 1216 E. Co(Du)) D4	APOPKA FL 32703	3 <i>à</i> 803
				,		suite 11.				
				N			M_{\exists}	000047431 -12/28/0101	081005	
								M_I	****150.00	****150100
	8. Name a	nd Addr	ess of Current I	Registered Age	nt		Name	9. Name and	Address of New Registered A	
TRAN, SON VAN 870 BLACKLAND TERRACE, #200 Name Street Address								P.O. Box Number	er is Not Acceptable)	CR2EG40 (8/01)
·						Suite, Apt. #, Etc				
							City		State FL	Zip Code
10. I, being	g appointed the re	egistered	agent of the abo	ve named corpo	ration, am f	amiliar wit	h and accept the o	bligations of Sec	ction 607.0505, F.S.	. 2716 7
Signature o	of X		9//			1.08 · ·	\$ "		Date 10/30/8	2/
<u> </u>		er or dire		GISTERED AG			his application as r	provided for in c	hapter 607 or 617, F.S. I further c	ertify that when filling
owed by	y the corporation	have bee	en paid and the r	ames of individ	uals lieted o	n this form		an exemption u	ats of section 607.0401 or 617.040 under section 119.07(3)(i), F.S. Th	

SIGNATURE:

10 whom it may Concour

10/30/0/

wor

Fromes Hothine. Inc. I had been Mond to new Cocations for about 1/2. I have Never did recoved the Renewl for the Coorporation feer Application, plane accrept me fee and Send next Renewl to my new address.

Thalleger

Con