| | PLEAS | E READ / | ALL INST | FRUCTIONS | BEFORE C | OMPLET' | ING THIS FO | DRM. Ocan I | . 41 |
|---|---|--|--|--|---|--|-------------------------------|---------------------------------------|---------|
| API | PLICATION FOR | | | A DEPARTMEN Katherine Ha | arris State | , | | DHM. POGC! | 91 0 |
| 200 | ······································ | 200000 | | VISION OF CORPOR | (ATIONS | | FII | LED | |
| DOCUMENT # P0000076566 1. Corporation Name | | | | | ļ | | 01 OCT 2 | 2 PM 5: 01 | |
| NTERNAL CLEANSING DYNAMICS, INC. | | | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | |
| | Place of Business | | Mailing Addre | ess | | | | | |
| | TH TERRACE AL FL 33904 | - | 542-6.E. 27TH TERRACE CAPE CORAL FL 33904 | | | | | | |
| | addresses are incorrect in a | | | nformation and enter o | | 4. Date incorp | orated or Qualified | | |
| Suite, Apt. #, etc. Su | | | | Suite, Apt. #, etc. | | | ness in Florida | 08/07/2000 | |
| | | | | 5,6,272 | FERRACE | 5. FEI Number | 103/982 | Applied Not App | |
| ZIP COUNTY ZIP 33904 V.S.A. | | | Zip 33; | Country | SA. | 6. CERTIFICATE OF STATUS DESIRED 6 tor a Certificate of Status | | | |
| | and Street Addresses of Ea | ach Officer and/or | Director (Flor | | ations must list at lear reet Address of Each | | - | | |
| Title(s) | 2 and/or Directors 3 | | | | Officer and for Director | | 4 | City / State / Zip | |
|) _ | SCHOONOVER, HUGH | | ۔۔ | 517 S.E. 27TH TE ダスし | ERRACE | | CAPE CORAL FL | 33904 | |
|) | SKLAR, CRAIG | | 8875 WHISPERING PINES WEST | | | ST. JAMES CITY FL 33956 | | | |
| | | | | | | | | | -3 |
| | | | | | | to U | DDDD46 -11/06/0 ****150 | 69016 0101055023 0.00 ****150.0 | |
| | | | | | | | 6) | | |
| | 8. Name and Addre | ss of Current Re | gistered Age | nt | Name | 9. Name and A | Address of New Rig | Istered Agent | (8/01) |
| 512 S.E | DNOVER, HUGH E. 27TH TERRACE | | - | · | Street Address (P | | | | |
| | CORAL FL 33904 | | | | Suite, Apt. #, Etc. | Suite, Apt. #, Etc. | | | CR2E040 |
| | | | | | City | | | State Zip Code | |
| O. I, being | g appointed the registered a | gent of the above | named corpo | ration, am familiar wi | th and accept the ob | ligations of Section | on 607.0505, F.S. | - | |
| Signature o Registered | Agent | lelv | min . | en i Oli | 1.38.2 | | Date | 0/18/01 | |
| | | | | ENT MUST SIGN | | | | | |
| this rein owed by | that I am an officer or direct statement application, the report of the corporation have been application is true and accurate the corporation in the corporation is true and accurate the corporation in the corporation is true and accurate the corporation in the corporation is true and accurate the corporation in the corporation is true and accurate the corporation in the corporation is true and accurate the corporation in the corporation is true and accurate the corporation in the corporation is true and accurate the corporation in the corporation is true and accurate the corporation in the corporation is true and accurate the corporation in the corporation is true and accurate the corporation is true and accurate the corporation in the corporation is true and accurate the corporation in the corporation is true and accurate the corporation in the corporation is true and accurate the corporation in the corporation is true and accurate the corporation in the corporation is true and accurate the corporation in the corporation is true and accurate the corporation in the corporation is true and accurate the corporation in the | reason for dissolu on paid and the na | ution has been a mes of individu | eliminated, the corpo luals listed on this form | orate name satisfies t rm do not qualify for a | the requirements an exemption und | of section 607.0401 of | or 617.0401, F.S., that all fe | ees |

SIGNATURE:

Internal Cleansing Dynamics, Inc. Page Work
Email: Schoony@strato.net Website: www.enempo.com or store.enempo.com

Email: Schoony@strato.net Website: www.enempo.com or store.enempo.com
521 S.E.27th Terrace
Cape Coral, FL 33904
(941) 574-6941

To Whom it May Concern Division of Corporations Annual Report/Reinstatement Section P.O Box 6327 Tallahassee, FL 32314-6327

Dear Sir or Madam,

I received this packet of information on Saturday and called on Monday. I was told that due to the incorrect address I should send a letter and a check for \$150 to you. Please note that the address is 521 and not 512 S. E. 27th Terrace. I am also the registered agent at the same 521 S.E. 27th Terrace. Pease make a note of the corrected address.

I apologize for the delay in getting this letter out but I had to go out of town for a couple of days and I called just before I left. Also please note that I have lived at this address for several years.

ार सङ्ग्रीतः । ५३<mark>०</mark>४ - १४८ ८ ४८ मध्य

Sincerely,

Hugh Schoonover

Internal Cleansing Dynamcis, Inc.