2001	I UNI	FORM BUSI	NESS REPO	RT	(UBR)	, _	-	1.	£-2	- Turkey
DOCUMENT # P00000 104887						् ।				
VIRAGO CUSTOM BODYART, INC.					TO SECRETARY OF STATE					
Principal Place of Business Mailing Address						OI OCT 22 PM 5: 36				
3301-	SHA	IRTLEY RD	5065 HO	5065 HOOD RD			100122	PM 5: 3	36	()
JACK	SOWI	SILLE, FL	Jackson	יטונ	LE IFL			_		
		32257			2257					;
2. Principal P	lace of Busi		3. Mailing Address			1				,
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State	te	· · · · · · · · · · · · · · · · · · ·	City & State		 	4. FEI Number 59-36 830	556		plied For	
Zlp		Country	Zip	Coun	UAL	5. Certificate of Status Desir	<u></u> ★	\$8.75 Add	filonal	
	6. Name	and Address of Current F	Registered Agent			7. Name and Address of N	ew Registered /	Agent		1 ;
VIR	AGC	KREWS	<u>.</u>		Name SA	me				
	-	HOOD RO				(P.O. Box Number is Not Accep	table)			
		CNUI LLE								1
~~			·		City		FL	Zip Code	9	1
			<u> 32257</u>		. 4 . 57					İ
8. The above	nemecenu	ry sulomits this statement for	the purpose of changing at	registen	ed office of registe	red agent, or both, in the State	or Honds.			
SIGNATURE.	Signature, bross	was D	nd title if applicable. (NOT	E Pagistara	d Agunt signature require	d when reinstation		3131	00)	:
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PLICATION FOR STATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS						Zəf	3	
DOCI	JMENT # P00000	010488	37								
/IRAG(D. CUSTOM BODYART,	INC.									
Principal Place of Business Ma			Mailing Address			1					
iac k Hood Iac kso nvii	-RD . LLE: FL-02237-1119		5065 HOOD RD. JACKSONVILLE FL 32257-1119								
If above a	ddresses are incorrect in any way, line th	rough incorrect in	nformation and	enter c	orrection below.						
	ncipal Office Address, If Applicable		New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 11/07/2000					
			Suite, Apt. #, etc.			5. FEI Number -			Applied Fo)r	
City & State	SONUILLE FL	City & State	City & State			6.			Not Applic		
322	Country	Zip	Zip Country				OF STATUS DESIRED	ED S8.75 Additional Fee require for a Certificate of Status			
'. Names a	and Street Addresses of Each Officer and	/or Director (Flo	rida nonprofit d			-	T				
Title(s)	Name of Officers and/or Directors 3				et Address of Each cer and/or Director		City / State / Zip				
D ·	· · · · · · · · · · · · · · · · · · ·			5065 HOOD RD.			JACKSONVILLE FL 32257				
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8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent					
VDCM/S	NDACO	•			Name		- ·			1080	
	s, virago Iood Rd.				Street Address (F	P.O. Box Number	is Not Acceptable)			2F040	
JACKSONVILLE FL 32257-1119				Suite, Apt. #, Etc.							
					City			State	Zip Code		
0. I, being	appointed the registered agent of the ab	ove named corpo	oration, am fam	niliar wit	h and accept the o	bligations of Sect	on 607.0505, F.S.				

REGISTERED AGENT MUST SIGN

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated

30F3

Division of Business Reports P.O. Box 1500 Tallahassee, FL 32302-1500 October 12, 2001

Dear Persons:

Please find enclosed my Uniform Business Report along with a check for the \$150.00 filing fee and \$8.75 certificate of status fee, for a total of \$158.75.

Please be informed that my Corporation never received a UBR form in the mail, hence the late-filing. -After speaking with my accountant and phoning your office, I am sending you the appropriate documents (attached) in hopes that this can be cleared up.

Thank you in advance for your kind consideration in this matter and I look for to hearing from you in the very near future.

Thank you,

Virago Krews

Virago Custom BodyArt, Inc.

3301-5 Hartley Road

Jacksonville, Florida 32257

904 268 6063