		PLEAS	E READ A	LL INST	RUCTIO	NS BEFORE C	OMPLET	ING THIS FO	ORM.		
APPLICATION FOR			FLORIDA	A DEPART <b>Katherin</b> Secretary		F'11 5 11					
						RPORATIONS	SEGRETARY OF STATE VISION OF CORPORATIONS				
DOCUMENT # <b>P93000004429</b> 1. Corporation Name								99 001	[19 AM 9:3	16	
PATRIC	CIA J. W	ÆLLER,	P.A.								
Principal Place of Business Mailing A				Mailing Addr	ess		. 18511861 1	å will ikk etn fån fån	i Bashi Bashi Bashi adala si	1 <b>6</b> (\$1) 40 61	
<del>204-OLENGREGT DR</del> <del>EATHROW FL-02140-</del>				1201 GLENGREOT BR HEATHROW FL 32740			] _	III III III III III III III III III II			
						enter correction below.		STATEM	16141 99		
		Address, If Ap	plicable		New Mailing Office Address, If Applicable uite, Apt. #, etc.			Date Incorporated or Qualified     To Do Business in Florida     01/11/1993			
Suite, Apt. #, etc.  109 G-0.SHAWK TERR.  Dity & State						UK TERR.	5. FEI Number Applied For				
WIN.	TER S	PRINGS	, FL	WINTE Zip	L SAR	country	6.	59-3158200	\$8.75 Additional		
	708	USA	och Officer and/o	Bac Director (Elo		USA	L	E OF STATUS DESIRED	for a Cutthicat	e of Status	
7. Names and Street Addresses of Each Officer and/or Director (Floratile(s) Name of Officers and/or Directors					3	Street Address of Each Officer and/or Director	h				
PD WELLER, PATRICIA J				1204 GLEN	GOSHAWK	HEATHROW FLOSTIC 32708 TERR. WINTER SPRINGS, FL			2708 FL		
							70	7000030433174			
								*****750	J. UU ****75	ססיט	
								Shu	15		
								Die	123		
-	8. Nar	ne and Addre	ess of Current R	egistered Age	ent	Name	9. Name and	Address of New Reg	Istered Agent		
WELLE	er, pat <b>ri</b> ci	A J					O. Box Number	is Not Acceptable)		40 (8/39)	
1204 CLENOREST DR 109 G-OSHAWE TE HEATHROW FL 82746 WINTER SPRING.					KR.		State Zip Code				
10. <b>I, be</b> in	g appointed th	ne registered a	agent of the above	e named corpo	oration, am fam	liar with and accept the o	bligations of Sec	ion 607.0505, F.S.	FL		
Signature o Registered		fare	ica f	SISTERED AG	ENT MUST SK	3N		Date	-13-99		
this rei	nstatement ap by the corpora	plication, the tion have been	reason for dissol n paid and the na	ution has been ames of individ	eliminated, the luais listed on t	ecute this application as p corporate name satisfies his form do not qualify for gal effect as if made unde	the requirements an exemption un	of section 607.0401	or 617.0401, F.S., the	at all fees	
SIGNA		IGNATURE AN	Ticia (	MI	LUL.	R OR DIRECTOR	/	0-13-99	(401)35	9-5880	
	•			F. WE				2010	e constitue a		

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