


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION**

 FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 DEC 20 AM 9:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 797000087071

1. Corporation Name

State Extraditions, Inc.

2. Principal Office Address

5634 Edgewater Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 520220

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Longwood, FL

Zip

Country

Zip

Country

32810

Orange

32752-0220

Seminole

4. Date Incorporated or Qualified  
To Do Business in Florida

10-9-97

5. FEI Number

59-3500090

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Dennis Warren

5634 EDGEWATER DR.

Suite, Apt. #, Etc.

ORLANDO

State

FL

32810

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Dennis Warren

REGISTERED AGENT MUST SIGN

Date 11-6-00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>Pres. Dennis Warren</u>		<u>5634 EDGEWATER DR.</u>	<u>ORLANDO, FL . 32810</u>
<u>Sec. Mrs. Dawn Warren</u>		<u>5634 EDGEWATER DR.</u>	<u>ORLANDO, FL . 32810</u>

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

SIGNATURE:

Dennis Warren

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-6-00

Date

407-948-8485

Daytime Phone #

CR2E081 (9/99)

pay note


Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL. 32399

November 06, 2000

To whom it may concern:

Last week I was looking up corporations on my computer and I looked up mine. I was shocked to see that our corporation was inactive. I had no idea. I also never realized that there was something you had to file every year to keep it active. I called your office and this was explained to me. I told the person that I talked to, that I could not recall receiving a letter from your dept. She informed me that there was a note in the computer that stated there had been a letter returned to your office that was sent to us that we never received. That probably happen because we have a different address. Your office told me that under the circumstances we could request a partial exception to the fee to reinstate our corporation. I am requesting that an exception be made for us since we never did receive the letter from your office, and because I really had know Idea how this process worked. I have enclosed \$400.00 as instructed per your office. Thank you for your consideration in this matter.

State Extraditions, Inc.  
P.O. Box 520220  
Longwood, FL. 32752-0220  
407-948-8485

  
Dawn Warren