PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
FINSTATEMEN



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT#	P98000022806
DOCUMENT II	· CCCCCEECC

1. Corporation Name

GARAGE DOOR RESCUE SERVICE, INC.

Princi	ipal	Place	of I	Busi	ness

Mailing Address

4125 ARCTIC SPRINGS AV.

2. New Principal Office Address, If Applicable

4125 ARCTIC SPRINGS AV.

LAS VEGAS X 89115

LAS VEGAS X 89115

3. New Mailing Office Address, If Applicable

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

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FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

03/09/1998

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

City & State

5. FEI Number 59-3497927

Applied For

· ·		1			Not Applicable		
Zip	Country	Žip	Country	6. CERTIFICATE OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status		
7. Names and	Street Addresses of Each C	Officer and/or Director (Flor	rida nonprofit corporations must list at le	ast 3 directors)	-=		
Title(s) Name of Officers and/or Directors 2			Street Address of Eacl Officer and/or Director		City / State / Zip		
-PDF	PHILLIPS, ROBERT D JR	e	5602 JÖSEPH COURT	MERRITT-ISLAND	FL 32953		
P/T/S/D	PHILLIPS, 1	ROBERT D.JR.		IR. LAS VEGAS	, NV 89117		
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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

-- PHILLIPS, ROBERT D'JR

-5602 JOSEPH COURT

-MERRITT ISLAND FL 32953

CAROL L. HOPKINS

Street Address (P.O. Box Number is Not Acceptable)
7316 GLENWOOD RD

Suite, Apt. #, Etc.

City

COCOA

State Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Ager

RED AGENT MUST SIGN

11. I certify tital 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 AND TY ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/15/01

702-643-7650

Daytime Phone #