PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION** FOR 🦯



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 NOV 16 PM 2: 24

SECRETARY OF STATE TALLAHASSEE, FLORIDA

P98000038614 **DOCUMENT#** 

1. Corporation Name

MERTENS-GOOSSENS INC.

Principal Place of Business

Mailing Address

1954 5TH CT SE VERO REACH EL 32962 1954 5TH CT SE VERO BEACH FL 32962

(JACQUES MERTENS)

TENO DEA	OTT L DESCE		12.10 02.10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
If above addresses are incorrect in any way, line through incorrect information and enter correction.  2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 3.						Date Incorporated or Qualified				
Suite, Apt.	#, etc.		Suite, Apt.	Suite, Apt. #, etc.			V4/29/1990			
City & State			City & State	<del></del>		5. FEI Numbe	65-0026014		Applied For Not Applicable	
Zip Country			Zip Cou		Country	6. CERTIFICAT		\$8.75 Additional Fee required for a Certificate of Status		
7 Nomes	and Street Ac	Idrogges of Each Officer s	and/or Director (Fi	lorida popprofit d	cornorations must list at le	east 3 directors)				
7. Names and Street Addresses of Each Officer and/or  Title(s) Name of Officers and/or Directors  1 2			aldroi Director (1)	Street Address of Ea Officer and/or Direct		th				
D	MERTENS-GOOSSENS, JACQUES				1954 5TH CT SE		VERO BEACH FL 32962			
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				00	UBR	-				
	8. Nar	me and Address of Curr	ent Registered A	gent	Name	. Name and	Address of New Regis	tered Agent	<del></del>	
		S INCORPORATED			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
	ocean shi Ond beach	ore blvd suite 195   Fl 32176			Suite, Apt. #, E	Suite, Apt. #, Etc.				
					City			State Zip (	òde	
10. I, beir	ng appointed t	ne registered agent of the	above named cor	rporation, am far	miliar with and accept the	obligations of Sec	tion 607.0505, F.S.			
Signature Registered	of d Agent	SIGN	ATUR REGISTERED A		<u>QUIRED</u>	)	Date			
this re owed	instatement ap by the corpora	officer or director or the r oplication, the reason for tion have been paid and true and accurate, and n	eceiver or trustee dissolution has be the names of indiv	empowered to e en eliminated, th viduals listed on	execute this application as ne corporate name satisfic this form do not qualify for	es the requirement or an exemption ur der oath.	s of section 607,0401 o ider section 119.07(3)(i	r 617.0401, F.S. ), F.S. The info	ormation indicated	
SIGNA	TURE: _	المناهدة المالية	Jest :	<b>ા</b> આવે	JIRED	101	30/2000	561/-	70-1225	
		SEGNATURE AND TYPED OF	PRINTED NAME O	F SIGNING OFFIC	ER OR DIRECTOR		Date	Daytime P	ione #	

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