



CPA ASSOCIATES

CERTIFIED PUBLIC ACCOUNTANTS
AND CONSULTANTS

June 20, 2001

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

RE: Allied International, Inc.

It was recently brought to my attention that Allied International, Inc. did not receive their paperwork to file the 2001 Uniform Business Report. From Mr. Guerrieri's records we find that he had filed the 2000 Uniform Business Report and fee of \$150 on April 27, 2000.

In a telephone conversation with your office, it appears that your office was unable to accept the 2000 Uniform Business Report as filed and forwarded a letter to Mr. Guerrieri at the address in Florida. The fee of \$150 for the 2000 UBR was not returned.

Mr. Guerrieri did not receive the letter. As a result, he was not able to reply with your request. For your records, we are enclosing the following documents and checks for Allied International, Inc.

- Corporate Reinstatement Form and check number 011 in the amount of \$150.00
- Statement of Change of Registered Agent and check number 012 in the amount of \$35.00
- Power of Attorney Form DR-835

We respectfully request that Allied International Corporation be reinstated as an active corporation.

Thank you for your consideration in this matter. If you have any questions or if I can be of any further assistance, please do not hesitate to contact me.

Sincerely,

Gina L. Masico

Gina L. Masico, CPA

GLM:bmm

Enclosures

REPLY TO: c: Joe Guerrieri

☒ 1301 SIXTH AVENUE WEST, SUITE 600
BRADENTON, FLORIDA 34205-7440
(941) 747-4486

☐ FAX (941) 747-6035 ☒ FAX (941) 748-4868 ☐ FAX (941) 747-8396

☐ 40 S. PINEAPPLE AVENUE, SUITE 200
SARASOTA, FLORIDA 34236
(941) 955-1095
FAX (941) 955-1097

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUN 25 AM 10:12

FILED

James L. Hammer, C.P.A.
William H. Hawthorne, C.P.A.
Dale R. Hoffner, C.P.A.
Jeffrey L. King, C.P.A.
Jerry D. Marlar, C.P.A.
Gina L. Mascio, C.P.A.
M. Dennis Modrak, C.P.A.
Burdette R. Parent, C.P.A.
Stam W. Stathis, C.P.A.
Kenneth L. Thomas, C.P.A.
N. Donald Varnadore, C.P.A.
David R. Winterrowd, C.P.A.

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-06/25/01--01122--004
*****35.00 *****35.00

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
the undersigned corporation organized under the laws of the State of Florida
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.

1. The name of the corporation : Allied International, Inc.

2. The mailing address of the corporation : 11000 Gulf Blvd. #1004
Treasure Island, FL 33706

3. Date of incorporation/qualification: _____ Document number: _____

4. The name and address of the current registered agent and office:

John R. Phillips, Jr.

7310 Gulf Blvd.

St. Petersburg, FL 33706

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

Gina L. Mascio, CPA
CPA Associates

1301 Sixth Ave. West, Suite 600

Bradenton, FL 34205

The street address of its registered office and the street address of the business office of its registered
agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board.

[Signature]
(Signature of an officer, chairman or vice chairman of the board)

JUNE 6/01
(Date)

JOE GUERRIERI PRESIDENT
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated
corporation, I hereby accept the appointment as registered agent and agree to act in this capacity.
I further agree to comply with the provisions of all statutes relative to the proper and complete
performance of my duties, and I am familiar with and accept the obligation of my position as
registered agent.

[Signature]
(Signature of Registered Agent)

June 20, 2001
(Date)

If signing on behalf of an entity:

GINA L. MASCIO
(Typed or Printed Name)

CPA
(Capacity)

*** FILING FEE: \$35.00 ***

POWER OF ATTORNEY and Declaration of Representative

PART 1 - POWER OF ATTORNEY

1. TAXPAYER INFORMATION (Taxpayer(s) must sign and date this form on Page 2, Part I, Section 8)

TAXPAYER NAME(S) AND ADDRESS (Please Type or Print)	TAXPAYER IDENTIFICATION NO(S). (SSN, FEIN, etc.)	FLORIDA TAX REGISTRATION NUMBER
ALLIED INTERNATIONAL, INC. 11000 GULF BLVD., #1004 TREASURE ISLAND, FL 33706	59-3628361	
		DAYTIME TELEPHONE NUMBER

Hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

2. REPRESENTATIVE(S) (Each representative must be listed individually, and must sign and date this form on Page 2, Part II)

NAME AND ADDRESS (Please Type or Print)	TELEPHONE NUMBER
GINA L. MASCIO, CPA CPA ASSOCIATES 1301 SIXTH AVE. WEST, SUITE 600 BRADENTON, FL 34205	941-747-4483
	FAX NUMBER
	941-748-4868
NAME AND ADDRESS (Please Type or Print)	TELEPHONE NUMBER
BURDETTE R. PARENT, JR., CPA CPA ASSOCIATES 1301 SIXTH AVE. WEST, SUITE 600 BRADENTON, FL 34205	941-747-4483
	FAX NUMBER
	941-748-4868
NAME AND ADDRESS (Please Type or Print)	TELEPHONE NUMBER
	FAX NUMBER

To represent the taxpayer(s) before the Florida Department of Revenue in the following tax matters:

3. TAX MATTERS

TYPE OF TAX (Corporate, Sales, Intangible, etc.)	TAX FORM NUMBER (F-1120, DR-15, DR-601, etc.)	YEAR(S)/PERIOD(S)/MATTER(S)
UNIFORM BUSINESS REPORT	UBR	2000 AND 2001

4. ACTS AUTHORIZED

The representative(s) are authorized to receive and inspect confidential tax information and to perform **any and all acts** that I (we) can perform with respect to the tax matters described in section 3, (for example, the authority to sign any agreements, consents, or other documents). The authority specifically includes the power to execute waivers of restrictions on assessment or collection of deficiencies in tax, to execute consents extending the statutory period for assessment or claims for refund of taxes, and to execute closing agreements under section 213.21, Florida Statutes. The authority does not include the power to receive refund warrants or the power to sign certain returns.

LIST ANY SPECIFIC ADDITIONS OR DELETIONS TO THE ACTS OTHERWISE AUTHORIZED IN THIS POWER OF ATTORNEY

5. RECEIPT OF REFUND

If you want to authorize a representative named in section 2 to receive, BUT NOT TO ENDORSE OR CASH, refund warrants, initial here _____ and list the name of that representative below.

NAME OF REPRESENTATIVE TO RECEIVE REFUND WARRANTS: _____

Re-print Taxpayer Name(s):

Taxpayer ID #

STF1
PAGE 2

- Taxpayer(s) must complete Page 1 of this Power of Attorney, or it will be returned.

6. NOTICES AND COMMUNICATIONS

- Notices and other written communications will be sent to the first representative listed in Part I, section 2, unless taxpayer selects one of the options below.

- If you want any notices and communications sent to both you and your representative, check this box ☒
- If you do not want any notices or communications sent to your representative, check this box ☐
- If you want the second representative listed to receive such notices and communications, check this box ☐
- If you want the third representative listed to receive such notices and communications, check this box ☐

7. RETENTION / REVOCATION OF PRIOR POWER(S) OF ATTORNEY


The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Florida Department of Revenue for the **same** tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check this box. ☐

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

8. SIGNATURE OF TAXPAYER(S)

If a tax matter concerns a joint return, **both** husband and wife must sign if joint representation is requested. If signed by a corporate officer, partner, guardian, tax matters partner/person, executor, receiver, administrator, trustee, or fiduciary on behalf of the taxpayer, I declare under penalties of perjury that I have the authority to execute this form on behalf of the taxpayer. Under penalties of perjury, I (we) declare that I (we) have read the foregoing document, and the facts stated in it are true.

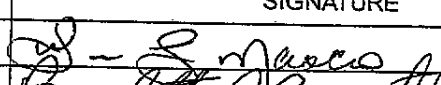
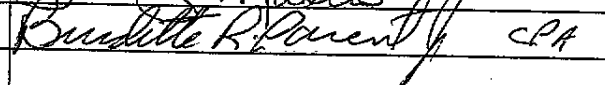
If this Power of Attorney is not signed and dated, it will be returned.

	<u>JUNE 6/01</u>	<u>PRESIDENT</u>
SIGNATURE	DATE	TITLE (If Applicable)
<u>JOSEPH GUERRIERI</u>		
PRINT NAME		
 SIGNATURE	 DATE	 TITLE (If Applicable)
 PRINT NAME		

PART II - DECLARATION OF REPRESENTATIVE

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Treasury Department Circular No. 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified therein, and to receive confidential taxpayer information;
- I am one of the following:
 - Attorney - a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - Certified Public Accountant - duly qualified to practice as a certified public accountant in the jurisdiction shown below.
 - Enrolled Agent / Actuary - enrolled as an agent or actuary under the requirements of Treasury Department Circular No. 230. (Attach evidence of enrolled status.)
 - Law student who is certified pursuant to Chapter 11 of the Rules Regulating the Florida Bar.
 - Former Department of Revenue employee. As a tax representative, I cannot accept representation in a matter upon the merits of which I had direct involvement while I was a public employee.
 - Other Qualified representative. (Note: Representatives qualifying under this subsection must comply with Rules 12-6.005 and 28-106.106, Florida Administrative Code.);
- I have read the foregoing Declaration of Representative and the facts stated in it are true.

If this Declaration of Representative is not signed and dated, it will be returned.

DESIGNATION - INSERT ABOVE LETTER (a - f)	JURISDICTION (State) or ENROLLMENT CARD NO.	SIGNATURE	DATE
b	Florida		06/05/01
b	Florida		06/05/01