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Mortham<br>retary of State<br>DF CORPORATIONS                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                            | ary of State                                                                                                                   |
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Certificate of Status Desired                                                           |                                                                                                                                |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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Election Campaign Financing<br>Trust Fund Contribution                                  | \$5.00 May Be<br>Added to Fees                                                                                                 |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                                                                                 | Country<br>30                                                                                                                                                                                                                                                                                                                                                                                                                                          | <ol> <li>This corporation owes or has pai<br/>Personal Property Tax due June</li> </ol>    |                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 9. Name and Address of C                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 81 Name                                                                                                                                                                                                                                                                                                                                                                                                                                                | 10. Name and Address of New Re                                                             |                                                                                                                                |
| Pursuant f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | to the provisions of Sections 60<br>egistered agent, or both, in the                                                                                                                                                                                                                                                                                              | 7.0502 and 607.1508, Florida Stal<br>State of Florida, Such change wa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 84 City                                                                                                                                                                                                                                                                                                                                                                                                                                                | progration submits this statement for the n                                                | FL 85 Zip Code                                                                                                                 |
| agent. I ar<br>IGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | m f <b>amiliar with, and accept the</b>                                                                                                                                                                                                                                                                                                                           | obligations of, Section 607.0505,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | is authorized by the corpo<br>Florida Statutes.                                                                                                                                                                                                                                                                                                                                                                                                        | orporation submits this statement for the p<br>ration's board of directors. I hereby accep | t the appointment as registered                                                                                                |
| GNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Signature, typed or printed name of register                                                                                                                                                                                                                                                                                                                      | red agent and tille it applicable. 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| GNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| GNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Signiture, typed or printed name of registed<br>OFFICER:<br>DPT<br>STEVENS, JOHN H.<br>50 SEAGATE DR                                                                                                                                                                                                                                                              | red agent and tille if applicable. (N<br>S AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | KOTE: Registered Agent signature ro<br><b>13.</b><br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                       | quired when reinstating)                                                                   | DATE<br>ERS AND DIRECTORS IN 12                                                                                                |
| GNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Signiture, typed or printed name of register<br>OFFICER:<br>DPT<br>STEVENS, JOHN H.<br>50 SEAGATE DR<br>NAPLES FL                                                                                                                                                                                                                                                 | red agent and tille if applicable. (N<br>S AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | KOTE: Registered Agent signature ro<br><b>13.</b><br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST-2IP                                                                                                                                                                                                                                                                                                                                  | quired when reinstating)                                                                   | DATE<br>ERS AND DIRECTORS IN 12                                                                                                |
| SNATURE<br>LE<br>ME<br>REET ADORESS<br>Y-ST-ZIP<br>LE<br>AE<br>EET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Signiture, typed or printed name of register<br>OFFICER:<br>DPT<br>STEVENS, JOHN H.<br>50 SEAGATE DR<br>NAPLES FL<br>VO<br>BERLET, FRED<br>PH 03 SEAGATE DR                                                                                                                                                                                                       | red agent and tille if applicable. (N<br>S AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | KOTE: Registered Agent signature ro<br><b>13.</b><br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                       | quired when reinstating)                                                                   | DATE<br>ERS AND DIRECTORS IN 12                                                                                                |
| GNATURE<br>LE<br>AE<br>EET ADORESS<br>Y-ST-ZIP<br>LE<br>AE<br>EET ADORESS<br>(-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Signifure, typed or printed name of register<br>OFFICER:<br>DPT<br>STEVENS, JOHN H.<br>50 SEAGATE DR<br>NAPLES FL<br>VO<br>BERLET, FRED<br>PH 03 SEAGATE DR<br>NAPLES FL                                                                                                                                                                                          | red agent and tille if applicable. (N<br>S AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | KOTE Registered Agent signature re<br>13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP                                                                                                                                                                                                                                                                  | quired when reinstating)                                                                   | DATE<br>ERS AND DIRECTORS IN 12<br>Change Additi                                                                               |
| GNATURE<br>.E<br>AE<br>EET ADORESS<br>Y-ST-ZIP<br>.E<br>AE<br>EET ADDRESS<br>(-ST-ZIP<br>E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Signiture, typed or printed name of register<br>OFFICER:<br>DPT<br>STEVENS, JOHN H.<br>50 SEAGATE DR<br>NAPLES FL<br>VO<br>BERLET, FRED<br>PH 03 SEAGATE DR<br>NAPLES FL<br>SVD<br>CERNEY, STEVEN                                                                                                                                                                 | In and Nile il applicable. (N<br>S AND DIRECTORS<br>DELETE<br>DELETE<br>DELETE<br>DELETE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | KOTE Registered Agent signature re<br>13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS                                                                                                                                                                                                                                                                                         | quired when reinstating)                                                                   | DATE<br>ERS AND DIRECTORS IN 12                                                                                                |
| SNATURE<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>A<br>E<br>E<br>E<br>A<br>D<br>R<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Signiture, typed or printed name of register<br>OFFICER:<br>DPT<br>STEVENS, JOHN H.<br>50 SEAGATE DR<br>NAPLES FL<br>VO<br>BERLET, FRED<br>PH 03 SEAGATE DR<br>NAPLES FL<br>SVD<br>CERNEY, STEVEN<br>175 CUMBERLAND ST. A                                                                                                                                         | In and Nile il applicable. (N<br>S AND DIRECTORS<br>DELETE<br>DELETE<br>DELETE<br>DELETE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | KOTE: Registered Agent signature re<br>13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP<br>3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS                                                                                                                                                                                                                          | quired when reinstating)                                                                   | DATE<br>ERS AND DIRECTORS IN 12<br>Change Additi                                                                               |
| GNATURE<br>EET ADORESS<br>Y-ST-ZIP<br>EET ADDRESS<br>Y-ST-ZIP<br>E<br>AE<br>EET ADDRESS<br>(-ST-ZIP<br>E<br>EET ADDRESS<br>(-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Signiture typed or printed name of register<br>OFFICERS<br>DPT<br>STEVENS, JOHN H.<br>50 SEAGATE DR<br>NAPLES FL<br>VD<br>BERLET, FRED<br>PH 03 SEAGATE DR<br>NAPLES FL<br>SVD<br>CERNEY, STEVEN<br>175 CUMBERLAND ST. A<br>TORONTO ON                                                                                                                            | In and tile if applicable. (N<br>S AND DIRECTORS<br>DELETE<br>DELETE<br>DELETE<br>DELETE<br>PT 1408                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | KOTE Registered Agent signature re<br>13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP<br>3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP                                                                                                                                                                                            | quired when reinstating)                                                                   | DATE<br>ERS AND DIRECTORS IN 12<br>Change Additi                                                                               |
| GNATURE<br>LE<br>ME<br>EET ADDRESS<br>Y-ST-ZIP<br>LE<br>AE<br>EET ADDRESS<br>Y-ST-ZIP<br>E<br>EET ADDRESS<br>(-ST-ZIP<br>E<br>E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Signiture typed or printed name of registed<br>OFFICERS<br>DPT<br>STEVENS, JOHN H.<br>50 SEAGATE DR<br>NAPLES FL<br>VD<br>BERLET, FRED<br>PH 03 SEAGATE DR<br>NAPLES FL<br>SVD<br>CERNEY, STEVEN<br>175 CUMBERLAND ST. A<br>TORONTO ON<br>VD<br>STEVENS, ROBERT                                                                                                   | In and Nile il applicable. 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CITY-ST-ZIP<br>4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS                                                                                                                                                       | quired when reinstating)                                                                   | DATE<br>ERS AND DIRECTORS IN 12<br>Change Additi                                                                               |
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A<br>TORONTO ON<br>VD<br>STEVENS, ROBERT<br>1901 GALLEON DR                                                                                | INCELETE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | KOTE: Registered Agent signature ro<br>13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP<br>3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4. 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A<br>TORONTO ON<br>VD<br>STEVENS, ROBERT<br>1901 GALLEON DR<br>NAPLES FL<br>S<br>VOLPE, MICHAEL J.                                         | INCE AGOIN AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | KOTE: Registered Agent signature ro<br>13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP<br>3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4. 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