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(Requestor's Name)

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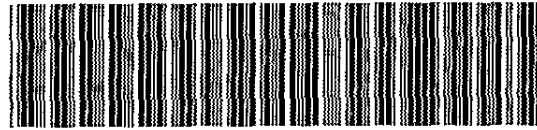
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Miss.

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†NJ, PA, NY, FL & D.C. Bars
***NJ, PA, FL & CA Bars

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Scibal Associates, Inc.

Dear Sir/Madam:

Enclosed please find the following documents for filing with regard to Scibal Associates, Inc.

1. Application by Foreign Corporation for Authorization to Transact Business in Florida;
2. Transmittal Letter;
3. Certification of Existence; and
4. Check in the amount of \$78.75 made payable to the "Florida Department of State".

Kindly file and forward a conformed copy to my attention in the envelope I have Provided for your convenience.

Should you have any questions, please feel free to contact me.

Very truly yours,

AVOLIO & HANLON, P.C.

BY: 

Robert P. Avolio, Esq.

RPA:jt
encl.

cc: Scibal Associates, Inc.

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03 MAY 16 AM 10:36
MILLERSVILLE, PA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Scibal Associates, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Robert P. Avolio, Esq.
(Name of Person)
Avolio & Hanlon, P.C.
(Firm/Company)
2730 U.S. #1 South, Suite J
(Address)
St. Augustine, Florida 32086
(City/State and Zip code)

For further information concerning this matter, please call:

Robert P. Avolio, Esq. at (800) 851-4767
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Scibal Associates, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. New Jersey 3.
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/27/1983 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 23 Mays Landing Road, Somers Point, New Jersey 08244
(Principal office address)

23 Mays Landing Road, Somers Point, New Jersey 08244
(Current mailing address)

8. To market insurance products
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: Robert P. Avolio, Esq.
Avolio & Hanlon, P.C.

Office Address: 2730 U.S. #1 South - Suite J

St. Augustine, Florida 32086
(City) (Zip code)

10. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 obligations of my position as registered agent.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: David A. Scibal
 Address: 23 Mays Landing Road
Somers Point, NJ 08244

Vice Chairman: Stephen J. Scibal
 Address: 44 E. Vernon Avenue
Northfield, New Jersey 08225

Director: Reynolds Dods
 Address: 105 Arlington Avenue
Linwood, New Jersey 08221

Director: Tom Basil, Jr.
 Address: 422 Coventry Way
Galloway, New Jersey 08205

B. OFFICERS

President: David A. Scibal
 Address: _____

Vice President: Stephen J. Scibal
 Address: 44 E. Vernon Avenue
Northfield, New Jersey 08225

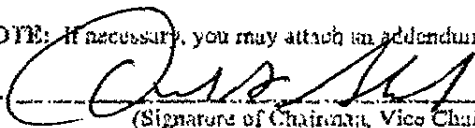
Secretary/Treasurer: Reynolds Dods
 Address: 105 Arlington Avenue, Linwood, NJ 08221

Treasurer: _____
 Address: _____

03 MAY 16 AM 10:36
 WILLIAMSBURG, VA

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
 (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. David A. Scibal, President
 (Typed or printed name and capacity of person signing application)

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

SCIBAL ASSOCIATES, INC.

*I, the Treasurer of the State of New Jersey,
do hereby certify that the above-named
New Jersey Domestic Profit Corporation was
registered by this office on October 27, 1983.*

*As of the date of this certificate, said business
continues as an active business in the State of New
Jersey. Annual Reports are outstanding for the
following year(s):*

1999
2000

*I further certify that the registered agent and
registered office are:*

*David S Scibal
X X
Somers Point, NJ 08244*

Continued on next page . . .