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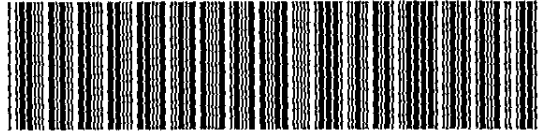
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W04-2762



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04 FEB 17 AM 11:18
STATE DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Restaurant Coverage 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:

Christina Andrinopoulos
(Name of Person)

Restaurant Coverage Associates, Inc.
(Firm/Company)

1333 Broad Street
(Address)

Clifton, NJ 07013
(City/State and Zip code)

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 REGISTRATION DIVISION
 TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Christina Andrinopoulos at (973) 472-8600 x280
(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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

January 22, 2004

CHRISTINA ANDRINOPOULOS
1333 BROAD STREET
CLIFTON, NJ 07013

SUBJECT: RESTAURANT COVERAGE ASSOCIATES, INC.
Ref. Number: W04000002762

FILED
04 FEB 17 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for RESTAURANT COVERAGE ASSOCIATES, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 704A00003934

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. Restaurant Coverage Associates, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New Jersey 3. 22-3392031 (State or country under the law of which it is incorporated) (FBI number, if applicable)

4. 7/25/95 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. 1333 Broad Street, Clifton, Nj 07013 (Principal office address) 1333 Broad Street, Clifton, NJ 07013 (Current mailing address)

8. Insurance Branch (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: Scott Cook

Office Address: 3900 Woodlake Boulevard, Ste. 305

Green Acres, FL, Florida 33467 (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.

[Signature] (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.

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

FILED 04 FEB 17 11:18 AM '95 STATE OF FLORIDA TALLAHASSEE

A. DIRECTORS

Chairman: James Henry

Address: 148 Fern Avenue, Lyndhurst, NJ 07071

Vice Chairman: Joseph Skowronski

Address: 5 Parkview Lane, Fairfield, NJ 07004

Director: Thomas Hartmann

Address: 2 Abingdon Street, Morris Plains, NJ 07950

Director: Michael Maher

Address: 11 Southfield Road, Boonton Township, NJ 07005

B. OFFICERS

President: James Henry

Address: 148 Fern Avenue, Lyndhurst, NJ 07071

Vice President: Thomas Hartmann

Address: 2 Abingdon Street, Morris Plains, NJ 07950

Secretary: _____

Address: _____

Secretary/Treasurer: Joseph Skowronski

Address: 5 Parkview Lane, Fairfield, NJ 07004

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

13. _____
(Signature of Director or Officer listed in number 12 of the application)

14. James Henry, President
(Typed or printed name and capacity of person signing application)

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04 FEB 17 AM 11: 08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

RESTAURANT COVERAGE ASSOCIATES, INC.
0100634033

*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 July 24, 1995.*

*As of the date of this certificate, said business
continues as an active business in good standing
in the State of New Jersey, and its Annual Reports
are current.*

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

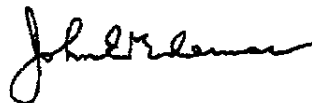
*Joseph Skowronski
1333 Broad St
Clifton, NJ 07013*

Continued on next page . . .

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

RESTAURANT COVERAGE ASSOCIATES, INC.

IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
28th day of January, 2004



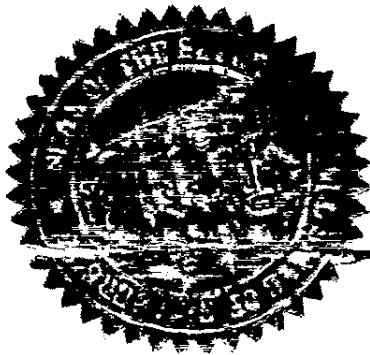
John E McCormac, CPA
State Treasurer

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
FILING CERTIFICATION (CERTIFIED COPY)

RESTAURANT COVERAGE ASSOCIATES, INC.

*I, the Treasurer of the State of New Jersey,
do hereby certify, that the above named business
did file and record in this department the below
listed document(s) and that the foregoing is a
true copy of the
certificate of incorporation
as the same is taken from and compared with the
original(s) filed in this office on the date set
forth on each instrument and now remaining on file
and of record in my office.*

IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
8th day of January, 2004



John E. McCormac

John E McCormac, CPA
State Treasurer

Certificate of Incorporation

1 NB
FILED

of

JUL 24 1995

RESTAURANT COVERAGE ASSOCIATES, INC.

LONNA R. HOOKS
Secretary of State

THIS IS TO CERTIFY THAT there is hereby organized a corporation under and by virtue of N.J.S. 14A:1-1 et seq., the "New Jersey Business Corporation Act." 1031947

FIRST: The name of the corporation is RESTAURANT COVERAGE ASSOCIATES, INC.

SECOND: The address of the corporation's initial registered office is 1333 Broad Street, Clifton, NJ 07012. The name of the registered agent at such address is John Mazzatelli.

THIRD: The purpose for which this corporation is organized is to engage in any activity within the purposes for which corporations may be organized under the "New Jersey Business Corporation Act," N.J.S. 14A:1-1 et seq.

FOURTH: The aggregate number of shares which the corporation shall have authority to issue is 100 shares without par value.

FIFTH: The number of directors constituting the initial Board of Directors of this corporation is one (1). The name and address of each person who is to serve as such Director is:

John Mazzatelli (President) 1333 Broad Street, Clifton, NJ 07012.

SIXTH: The name and address of the incorporator is Capitol Information Service, Inc., 172 West State Street, Trenton, NJ 08608.

In Witness Whereof, each individual incorporator, being over eighteen years of age has signed this certificate; or if the incorporator be a corporation has caused this certificate to be signed by its duly authorized officer this 24th day of July, 1995.



Ruth Schneider, Executive Vice President

Capitol Information Service, Inc.
172 West State Street
Trenton, NJ 08608

FILED FOR: Anthony J. Frese, Esq.
Greenberg, Mellinger, Sanders & Frese, P.A.
101 Gibraltar Drive
Suite 2F
Morris Plains, NJ 07950

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