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A FLORIDA LIMITED LIABILITY PARTNERSHIP

ATTORNEYS AND COUNSELORS AT LAW

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
PLEASE REPLY TO
FORT MYERS OFFICE

September 8, 1998

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: ECOLOGICAL LABORATORIES, INC.

100002636061--9
-09/10/98--01041--002
*****78.75 *****78.75

Dear Sir/Madam:

Please find enclosed for filing a completed Application by Foreign Corporation for Authorization to Transact Business in Florida with respect to the above-referenced corporation.

I have also enclosed a check in the amount of \$78.75 (\$70 registration fee and \$8.75 for Certificate of Status), as well as a Certificate of Existence from the New York Secretary of State.

Please do not hesitate to contact me should you have any questions or require any further documents.

Very truly yours,



Christopher J. Shields

AS 9/10/98

CJS:rh

Enclosures (4)

cc: Client

FAWPDATA\AMG\ECOLOGIC\DIVCORP.LTR

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Ecological Laboratories, 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:

Christopher J. Shields, Esquire	FILED 98 SEP 10 PM 1:26 SECRETARY OF STATE TALLAHASSEE, FLORIDA
(Name of Person)	
Paveze, Garner, Haverfield, Dalton, Harrison & Jensen, L.L.P.	
(Firm/Company)	
1833 Hendry Street	
(Address)	
Fort Myers, FL 33901	
(City/State/Zip)	

Should you need to call someone concerning this matter, please call:

Christopher J. Shields	at (941)	334-2195
(Name of Person)		(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**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. Ecological Laboratories, 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 York
(State or country under the law of which it is incorporated)
3. 11-2607132
(FEI number, if applicable)
4. 3/9/82
(Date of incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. 8/24/98
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 70 N. Main Street, P.O. Box 132
Freeport, New York 11520
(Current mailing address)
8. Manufacture and distribution of Microbes
(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: Christopher J. Shields, Esquire
Office Address: 1833 Hendry Street
Fort Myers, Florida, 33901
(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 addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: Barry Richter

Address: 1 Anchorage Way #1501
Freeport, NY 11520

Vice Chairman: Michael Richter

Address: 3314 Bertha Drive
Baldwin Harbor, NY 11510

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: BARRY RICHTER

Address: 1 Anchorage Way #1501
FREEPORT, NY 11520

Vice President: _____

Address: _____

Secretary: MICHAEL RICHTER

Address: 3314 BERTHA DRIVE
BALDWIN HARBOR, NY 11510

Treasurer: _____

Address: _____

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TALLAHASSEE FLORIDA

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

13. B. Richter, Pres.

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

14. BARRY RICHTER, PRESIDENT

(Typed or printed name and capacity of person signing application)

State of New York } ss:
Department of State

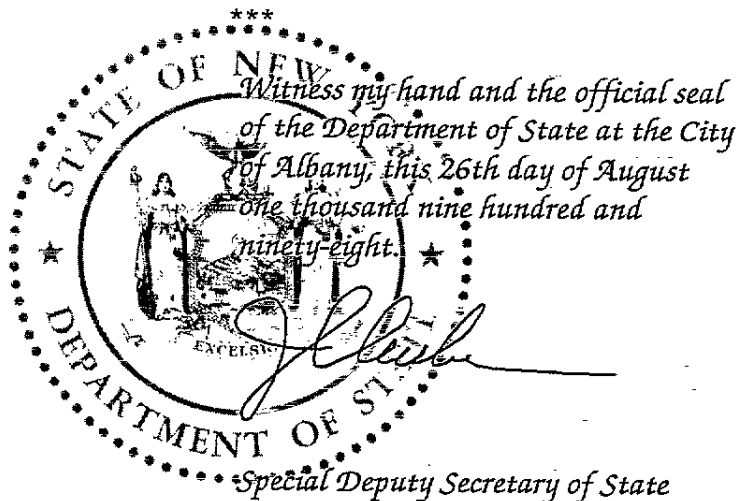
I hereby certify, that the certificate of incorporation of ECOLOGICAL LABORATORIES INC. was filed on 03/09/1982, with perpetual duration, and that a diligent examination has been made of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation. I further certify the following:

A Biennial Statement was filed 10/28/1993.

A Biennial Statement was filed 04/01/1994.

A Biennial Statement was filed 03/11/1998.

I further certify, that no other certificates have been filed by such corporation.



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