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RIA2

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: WESTWOOD RARE COIN GALLERY 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:

GERALD PAPA, CPA
(Name of Person)

GERALD PAPA, P.A., C.P.A.'S
(Firm/Company)

99 KINDERKAMACK ROAD
(Address)

WESTWOOD, NJ 07675
(City/State/Zip)

800003122908-3
-02/03/00--01081--013
*****70.00 *****70.00

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

GERALD PAPA, CPA at (201)666-3505
(Name of Person) (Area Code & Daytime Telephone Number)

Name	Availability
Document Examiner	Updater
Updater	Verifier
W. P. Verifier	

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

Enclosed is a check for the following amount:
\$70.00 Filing Fee
DCC

MAILING ADDRESS:

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

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**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. WESTWOOD RARE COIN GALLERY 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

(State or country under the law of which it is incorporated)

3. 22-2278513

(FEI number, if applicable)

4. OCTOBER 23, 1979

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. FEBRUARY 1, 2000

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. P.O. BOX 576

PARK RIDGE, NJ 07656-0576

(Current mailing address)

8. SALE OF RARE COINS

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: WILLIAM DOMINICK

Office Address: 6894 RAIN LILY ROAD #203

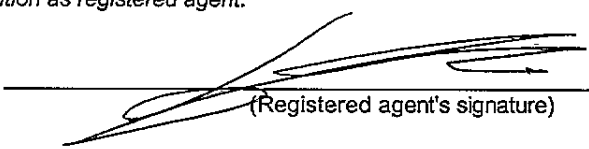
NAPLES

, Florida, 34109

(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.

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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

00 FEB -3 AM 11:00
SECRETARY OF BOAT REGISTRATIONS
DIVISION

B. OFFICERS (Street address only - P.O. Box NOT acceptable)President: WILLIAM DOMINICKAddress: 59B SOUTH MAPLE AVENUEPARK RIDGE, NJ 07656

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____
_____**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. WILLIAM DOMINICK PRESIDENT

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

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

WESTWOOD RARE COIN GALLERY, INCORPORATED

*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 23, 1979.*

*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:*

William Dominick
59-B So Maple Ave
Park Ridge, NJ 07656

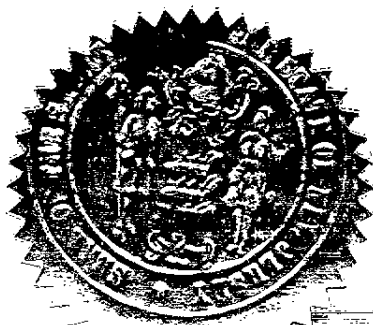
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DIVISION OF COIN OPERATIONS

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

WESTWOOD RARE COIN GALLERY, INCORPORATED



IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
13th day of January, 2000

Roland M Machold

Roland M Machold
Treasurer

00 FEB -3 AM 11:00
DIVISION OF COM. AFFAIRS