

# F000000003285

## TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: PHILIPS LAKE WORTH CORP.  
(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:

MICHAEL PAGNOTTA  
(Name of Person)

PHILIPS INTERNATIONAL HOLDING CORP  
(Firm/Company)

417 FIFTH AVE - 3RD FLOOR  
(Address)

NEW YORK NY 10016  
(City/State/Zip)

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

GEROME GANGITANO at ( 212 ) 951-3809  
(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

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

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REG. STATE

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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. PHILIPS LAKE WORTH CORP.  
(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 3. 13-4028815  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 9/28/98 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. JANUARY 2, 1999  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 90 PHILIPS INTERNATIONAL HOLDING CORP- 417 FIFTH AVE.  
3rd FLOOR, NEW YORK NEW YORK 10011  
(Current mailing address)

8. CORPORATE GENERAL PARTNER IN A LIMITED PARTNERSHIP  
(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: DAVID EISENSTADT

Office Address: 419 555 WEST 49TH STREET SUITE 300

HALEAH, Florida, 33012  
(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 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: PHILIP PILEUSKY

Address: 417 FIFTH AVE  
NEW YORK NY 10016

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: LOUIS PETRA

Address: 417 FIFTH AVE  
NEW YORK NY 10016

Director: SHEILA LEVINE

Address: 417 FIFTH AVE  
NEW YORK NY 10016

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

President: LOUIS PETRA

Address: 417 FIFTH AVE  
NEW YORK NY 10016

Vice President: SECY SHEILA LEVINE

Address: 417 FIFTH AVE  
NEW YORK NY 10016

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

~~Treasurer~~ CFO CARL KRAUS

Address: 417 FIFTH AVE  
NEW YORK NY 10016

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

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

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

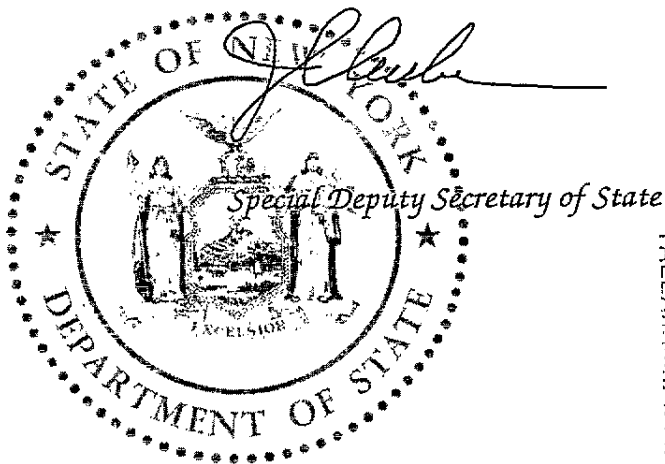
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STOCK EXCHANGE  
ITALIA INSURANCE CO. LTD.

**State of New York** | **ss:**  
**Department of State**

I hereby certify, that the Certificate of Incorporation of PHILIPS LAKE WORTH CORP. was filed on 09/28/1998, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with 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.

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*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 05th day of May  
two thousand.*



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FILED  
00 JUN -7 PM 8:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA