Doct French Of CO DO 5532

660 East Jefferson Street Tallahassee, FL 32301 850-222-1092

DATE: <u>/0/</u>3

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Corporation(s) Name **Profit** ()Amendment ()Merger Nonprofit (Foreign ()Dissolution ()Mark)LLC ()Withdrawal ()Limited Partnership ()Other ()UBR ()Reinstatement ()Fititious Name ()Ch. RA ()UCC () 1 or () 3 ***Special Instructions** ()Certified Copy ()Photocopies ()CUS ্য ()arts/ameds/mergers () Other-See Above 9 (XXX)Walk in (XXX)Pick-up ()Will Wait

Please Return Filed Stamped Copies To:

Carol Clark

Thank You!

MK 10/3

FL019 - 9/2/99 C T System Online

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. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" 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.) under the law of which it is incorporated) Date of incorporation Sacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) (Current mailing address) (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) C T Corporation System Name: Office Address: 1200 South Pine Island Road Plantation 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. M.T. FITZPATRICK **ASSISTANT SECRETARY** (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)

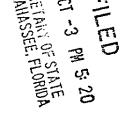
Attache/

Vacumet Corp. Officers

Robert Korowicki Treasurer 22 Riverview Drive Suite 101 Wayne, NJ. 07470

> James Samson Asst. Treasurer 200 W. North Ave. Northlake, IL. 60164

Martin Bell Secretary 19500 Jamboree Road Irvine, CA. 92612



Vacumet Corp. Board of Directors

William Scholle 19500 Jamboree Road Irvine, CA. 92612

Robert Korowicki 22 Riverview Drive Suite 101 Wayne, NJ. 07470

