To: Registration Section Division of Corporations

SUBJECT: ColoN, A/ BRick G 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.

tutistict ousiness in Piolica,
Please return all correspondence concerning this matter to the following: 70003535897011/12/0101070011
Phil Muntors ******87.50 ******87.50
(Name of Person)
Colonial Brich Co Inc
(Firm/Company)
2222 5 HAISTED ST 25 2 1
(Address)
Chicago, Il. 60608
(City/State/Zip)
(City/State/Zip) City/State/Zip) Should you need to call someone concerning this matter, please call:
Should you need to call someone concerning this matter, please call:
Phil Muntard at (3/2, 733-2600
(Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: MAILING ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

Enclosed is a check for the following amount:

- □ \$70.00 Filing Fee □ \$78.75 Filing Fee & Certificate of Status
- S78.75 Filing Fee & Certified Copy

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

\$87.50 Filing Fee, Certificate of Status & Certified Copy

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. Colonial Brick Company Ive.
(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
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. NOU 1971 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON EMALIFICATION
(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. a. 2222 5 HAISTED ST
(Principal office address)
b. ChiCAgo, IL 60608
(Current mailing address)
· SCAHOLO SALES & RENTAL 器主工
(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: Bob Fox
Office Address: 4901-D W. Ris Vista Ave
TAMPA, Be, Florida 33634
TAMPA, Be, Florida 33634
TAMA, Etc., Florida 33634 (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
TAMPA, Etc., Florida 33634 (Zip code)
TAMA, Be , Florida 33634 (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

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:
A. DIRECTORS
Chairman: Mil ///mtgRi
Address: 2222 S HAISTED ST.
ChiCAgo IL 60608
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
President: Phi Munto PD PS 3
Address:
_ChicAgo, Il. 60608
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. And Market William William St. Hilliam 18 Chairman William 18 Chairman William 18 Chairman 18 Chai
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. Min torb President + Sale afficer
(Typed or printed name and capacity of person signing application)



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do

hereby certify that COLONIAL BRICK COMPANY, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE FEBRUARY 13, 1970, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE FIGURE, OF ANNUAL REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE. IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE



In Testimony Whereof, I, hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this ____ day of ____