

FO1000002016

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: Powernet Enterprises, 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:

AZINA KANFI  
(Name of Person)  
Financial Accounting Services  
(Firm/Company)  
730 W. Colonial Drive  
(Address)  
Orlando FL 32804  
(City/State/Zip)

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

200004009032--4  
-04/13/01-01099-036  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Azina at (407) 423-2371  
(Name of Person) (Area Code & Daytime Telephone Number)

Name	Availability
COURIER ADDRESS:	
Document Examiner	Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32309
Unit Chief	DCC
Unit Manager	DCC
Unit Supervisor	DCC
Unit Verifier	DCC

MAILING ADDRESS:

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

FILED  
01 APR 13 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\$ 78.75 - Filing Fee +  
Cert. of Statute

FO1000002016

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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. Powernet Enterprises, 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 3. 52-2259218  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 7-14-2000 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 5-1-2001  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 1690 Havendale Blvd  
N.W. Winter Haven, FL 33881  
(Current mailing address)

8. Convenience Store + computer support  
(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: Vimal J. Patel

Office Address: 1690 Havendale Blvd

N.W. Winter Haven, FL, Florida, 33881  
(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.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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: \_\_\_\_\_

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

President: Vimal J. Patel

Address: 1690 Havendale Blvd  
N.W. Winter Haven, FL 33881

Vice President: \_\_\_\_\_

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

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

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

Treasurer: Vimal J. Patel

Address: Same

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. Vimal J. Patel  
(Typed or printed name and capacity of person signing application)

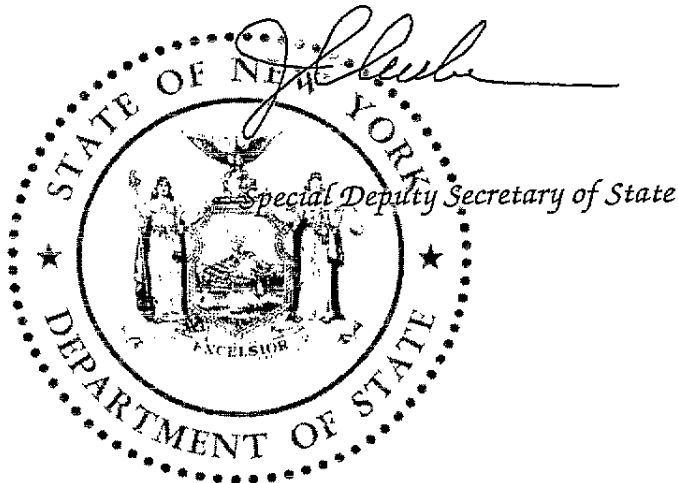
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

State of New York } ss:  
Department of State

I hereby certify, that the Certificate of Incorporation of POWERNET ENTERPRISES, INC. was filed on 07/14/2000, 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 02nd day of April  
two thousand and one.



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