F01000005449

Registration Section

Division of Corporations

TO:

SUBJECT: Aging Potential, Inc. (Name of corporation - must include suffix)	
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-05/07/0101133	-007 *70.00
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 Jay Gorstein Wol-10391 (Name of Person)	
Ani Patertail To	
71 Hill Street Unit # 9 Digno Maria	4
Southampton, N 11968 PR ST ST City/State and Zip code)	
For further information concerning this matter, please call: Michael Jay Constein at (631) 287 - 2888 (Name of Person) (Area Code & Daytime Telephone Number)	
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	49
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$\ \text{Certificate of Status} \end{array}\$ \$78.75 Filing Fee & \text{Certified Copy} \$87.50 Filing Fee, \text{Certificate of Status & Certified Copy} \$ Certified Copy \$ Certified Copy	2/18
Certified Copy	<i>l</i> ο <i>l</i> ,

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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 8, 2001

MICHAEL J GORSTEIN 71 HILL STREET, UNIT #9 SOUTHAMPTON, NY 11968

SUBJECT: AGING POTENTIAL, INC.

Ref. Number: W01000010391

We have received your document for AGING POTENTIAL, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays Document Specialist

Letter Number: 101A00027597

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. Aging Potential, Inc. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like impact in language or sill be impact in language.	<u> </u>	
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. Ny U.S.A. (State or country under the law of which it is incorporated) (FEI number, if applicable)	<u>.</u> _	
(State of country differ the law of which it is incorporated) (FEI number, if applicable)		
4. if 06/2000 5. Penpetual (Date of incorporation) 5. Quration: Year corp. will cease to exist or "perpetual"		
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetua	<u>")</u>	
6 Upon Qualification		
6. Upon Qualification (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. 71 Hill Street Unit #9 Southaupton, NY 11962 (Principal office address)	<u>></u>	
(Current mailing address)		
(Current mailing address)		
8. Administration of Season Program (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)	er 0	
Name: Linda L. RASMUSSEN	007	
Office Address: 4893 SW 119 Ave	8	
) ————————————————————————————————————	ורניט
Cooper City, Florida 33330 (City) (Zip code)	င့္မ	
	-6	
10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the design at this application. It is not to be a service of process for the above stated corporation at the design at the service of process for the above stated corporation at the service of process for the above stated corporation at the service of process for the above stated corporation at the service of process for the above stated corporation at the service of process for the above stated corporation at the service of process for the above stated corporation at the service of process for the above stated corporation at the service of process for the above stated corporation at the service of process for the above stated corporation at the service of process for the above stated corporation at the service of process for the above stated corporation at the service of process for the above stated corporation at the service of process for the above stated corporation at the service of process for the above stated corporation at the service of process for the above stated corporation at the service of process for the above stated corporation at the service of process for the above stated corporation at the service of process for the service of process fo		
uesignated in this application, I neverly accept the appointment as registered agent and agree to get in this ar	:4.)	r
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.		
And Dugmerson		
(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 business addresses of officers and/or directors:

A. DIRECTORS Chairman: _ Address: Vice Chairman: _ Address: Director: Address: Director: Address: B. OFFICERS Address: ____ bons term NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. Michael Jay Gons Him, President (Typed or printed name and capacity of person signing application)

State of New York **Department of State**

I hereby certify, that the Certificate of Incorporation of AGING POTENTIAL, INC. was filed on 01/06/2000, 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.

> Witness my hand and the official seal of the Department of State at the City of Albany, this 31st day of May two thousand and one.

Special Deputy Secretary of State

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