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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN JAN 7 2003

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THOMAS SLATNER & CO., INCORPORATED
(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:

DIANE PELLETIER, OFFICE MANAGER
(Name of Person)

THOMAS SLATNER & CO., INC.
(Firm/Company)

151 PRITCHARD DR.
(Address)

PALM COAST FL 32164
(City/State and Zip code)

For further information concerning this matter, please call:

DIANE PELLETIER at (386) 447 3308
(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

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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TALLAHASSEE, FLORIDA

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. THOMAS SLATNER & CO., 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 JERSEY
(State or country under the law of which it is incorporated)
3. 04-2652703
(FEI number, if applicable)
4. DEC. 17, 1979
(Date of incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
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. 151 PRITCHARD DR. PALM COAST FL 32164
(Principal office address)
151 PRITCHARD DR. PALM COAST FL 32164
(Current mailing address)
8. RESALE OF SCHOLARLY BOOKS TO ACADEMIC LIBRARIES
(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: DIANE PELLETIER
Office Address: 151 PRITCHARD DR.
PALM COAST, Florida 32164
(City) (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.

Diane Pelletier

(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: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: DAVID SILBERBERG

Address: 111 AMERSFORD PLACE

BROOKLYN, NY 11210

Vice President: _____

Address: _____

Secretary: EVE NAOMI SLATNER

Address: 2 WELFIELD AVE, LONDON N10 2EA ENGLAND

Treasurer: _____

Address: _____

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

13. David Silberberg

(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)

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

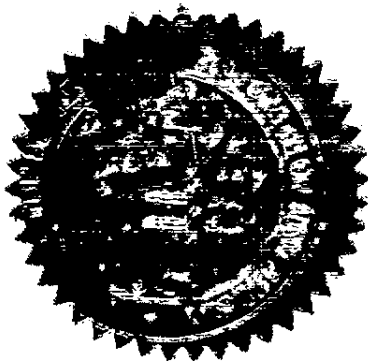
THOMAS SLATNER & CO., INC.

*I, the Treasurer of the State of New Jersey,
do hereby certify that the above-named
New Jersey Domestic Profit Corporation was
registered by this office on December 17, 1979.*

*As of the date of this certificate, said business
continues as an active business in good standing
in the State of New Jersey, and its Annual Reports
are current.*

*I further certify that the registered agent and
registered office are:*

Diane Pelletier
1127 Kennedy Blvd.
North Bergen, NJ 07047



IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
7th day of October, 2002

John E McCormac, CPA
State Treasurer

2003 JAN 10
OFFICE OF CORPORATE
TALLAHASSEE, FLORIDA