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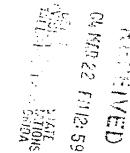
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ACCOUNT NO.

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REFERENCE

496651

AUTHORIZATION

COST LIMIT

ORDER DATE: March 15, 2004

ORDER TIME : 11:53 AM

ORDER NO. : 496651-035

CUSTOMER NO: 4326591

CUSTOMER:

Kevin D. Nelson, Esq

Fowler White Boggs Banker P.a.

Suite 1700

501 East Kennedy Boulevard

Tampa, FL 33602

FOREIGN FILINGS

NAME:

SVIRSKY FAMILY MANAGEMENT

CORP.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd -- EXT# 2940

EXAMINER:

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.

(Enter name of corporation; must include "INCORPORATI" Inc.," "Co.," "Corp," "Inc.," "Co," or "Corp.")	ED." "COMPANY." "CORPORATION."
	R 22
(If name unavailable in Florida, enter alternate corporate na	ime adopted for the purpose of transacting business in Florida).
2. New York	3. 13-4087659 グラック
(State or country under the law of which it is incorporated)	(FEI number, if applicable)
4. June 10, 1998 (Date of incorporation)	5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")
Upon qualification	
(Date first transacted business in Florida. If corporation has	not transacted business in Florida, insert "upon qualification.") 501, 607.1502 and 817.155, F.S.)
7 44 Penn Blvd., Scarsdale, NY 10583	
(Principal office	address)
same	THE REPORT OF THE PROPERTY OF
(Current mailing	address)
() Name and street address of Florida variational agen	
Name: Jeffrey C. Shannon, Esq.	at: (P.O. Box or Mail Drop Box NOT acceptable)
Name: Jeffrey C. Shannon, Esq.	700
Name: Jeffrey C. Shannon, Esq. Office Address: 501 E. Kennedy Blvd., Ste. 17	

12. Names and business addresses of officers and/or directors:

A. DIRECTORS Chairman: Seymour Svirsky 44 Penn Boulevard Address: ___ Scarsdale, NY 10583 Vice Chairman: __Gloria Svirsky Address: 44 Penn Boulevard Scarsdale, NY 10583 Director: _ Address: Director: ____ Address: __ B. OFFICERS President: Seymour Svirsky Address: ___44 Penn Boulevard Scarsdale, NY 10583 Vice President: Address:

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

(Signature of Director or Officer listed in number 12 of the application)

14. Seymour Svirsky, President

Secretary:

Address: ____

Treasurer: _____

Address: ____

(Typed or printed name and capacity of person signing application)

State of New York State State

I hereby certify, that the Certificate of Incorporation of SVIRSKY FAMILY MANAGEMENT CORP. was filed on 06/10/1998, 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.

The Biennial Statement is past due.



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Witness my hand and the official seal of the Department of State at the City of Albany, this 16th day of March two thousand and four.

Secretary of State

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