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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

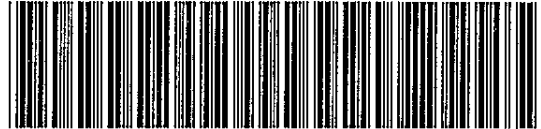
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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Examiner	DCC
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Acknowledgment	DCC
W. P. Verifier	DCC



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2004 JUL 26 A 9:36

FBI

**COLLINS & RONDEAU, LLC**

Attorneys at Law

1415 HOOPER AVENUE, SUITE 306

TOMS RIVER, N.J. 08753

(732) 244-2909

FAX: (732) 244-3037

HENRY F. COLLINS, III, ESQ.

EUGENE M. RONDEAU, ESQ.

July 23, 2004

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

Re: Atlantic School of Insurance, Inc.  
Application by Foreign Corporation for Authorization to Transact Business in  
Florida

Dear Sir or Madam:

Enclosed find the above captioned application and a check for the requisite filing fee in the amount of \$87.50. Would you kindly process the application and return same in the FEDEX envelope provided for your convenience. Should any questions arise, you may call the number above or my cell phone 908-814-4840, as I will be at my Palm Beach County home until August 4. Thank you for your assistance in this matter.

Very truly yours,

  
EUGENE M. RONDEAU

cc: Atlantic School of Insurance, Inc.

FILED  
2004 JUL 25 A 9 36  
TALLAHASSEE, FL  
SECRETARY OF STATE

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ATLANTIC SCHOOL OF INSURANCE, 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:

<u>EUGENE M. RONDEAU, ESQUIRE</u>	<b>FILED</b> 2004 JUL 26 A 9:36 TALLAHASSEE, FL SECRETARY OF STATE
(Name of Person)	
<u>COLLINS &amp; RONDEAU, LLC</u>	
(Firm/Company)	
<u>1415 HOOPER AVENUE, SUITE 306</u>	
(Address)	
<u>TOMS RIVER, NEW JERSEY 08753</u>	
(City/State and Zip code)	

For further information concerning this matter, please call:

EUGENE M. RONDEAU at ( 732 ) 244-2909  
(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

**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. ATLANTIC SCHOOL OF INSURANCE, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW JERSEY 3. 55-0827212  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 02/08/2002 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. N/A  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1415 HOOPER AVENUE, SUITE 306  
(Principal office address)

TOMS RIVER, NEW JERSEY 08753  
(Current mailing address)

8. ANY LAWFUL PURPOSE  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

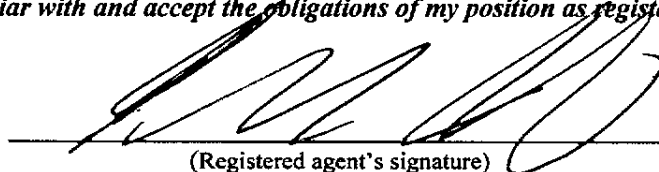
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: FRANK J. BADACH, ESQUIRE

Office Address: 6070 N. FEDERAL HIGHWAY, SUITE 110  
BOCA RATON, Florida 33487  
(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.*

  
(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: JEANNE RONDEAU

Address: 1893 LOOKOUT DRIVE  
TOMS RIVER, NEW JERSEY 08753

Vice Chairman: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

FILED  
2001 JUL 26 A 9:36  
SECRETARY OF STATE  
TALLAHASSEE FL 32310

**B. OFFICERS**

President: JEANNE RONDEAU

Address: 1893 LOOKOUT DRIVE  
TOMS RIVER, NEW JERSEY 08753

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. *Jeanne Rondeau, President*  
(Signature of Director or Officer listed in number 12 of the application)

14. JEANNE RONDEAU, PRESIDENT  
(Typed or printed name and capacity of person signing application)

STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING

ATLANTIC SCHOOL OF INSURANCE INC  
400006998

*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 February 8, 2002.*

*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:*

Jeanne Rondeau  
1415 Hooper Avenue  
Suite 302  
Toms River, NJ 08753 2800

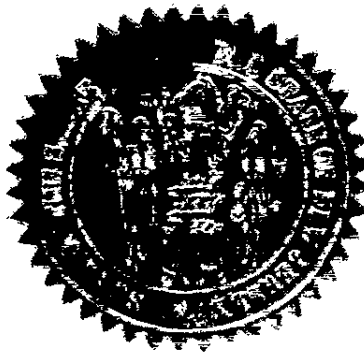
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2004 JUL 26 A 9 36  
SECRETARY JESSIE L  
TALLAMASEE NJ

STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING

ATLANTIC SCHOOL OF INSURANCE INC

IN TESTIMONY WHEREOF, I have  
hereunto set my hand and  
affixed my Official Seal  
at Trenton, this  
15th day of July, 2004



*John E McCormac*

John E McCormac, CPA  
State Treasurer

SECRETARY OF TREASURY  
TALLAMOUNTAIN, NJ

2004 JUL 26 A 9:36

FILED