

F05000003046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

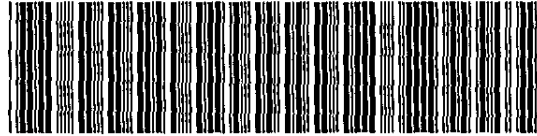
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05 MAY 20 PM 2:26  
SEAL OFFICE OF STATE  
TALLAHASSEE, FLORIDA

B/K

CT CORPORATION

F05000003046

May 20, 2005

Department of State, Florida  
409 East Gaines Street  
Tallahassee FL 32399

Re: Order #: 6369016 SO  
Customer Reference 1:  
Customer Reference 2:

RECEIVED  
05 MAY 20 PM 2:26  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Dear Department of State, Florida:

Please file the attached:

TRI - STATE RESTAURANTS, INC. (DE)  
Qualification  
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to the attention of the undersigned.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Jennifer Murphy  
Fulfillment Specialist  
Jennifer\_Murphy@cch-lis.com

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

# 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. Tri-State Restaurants, 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. Delaware 3. 363963285  
(State or country under the law of which it is incorporated) (FEL number, if applicable)

4. 4-12-94 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. March 5, 2004  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 701 1st St Ste 1000 Dos Palmas FL 60016  
(Principal office address)

701 1st St Ste 1000 Dos Palmas FL 60016  
(Current mailing address)

8. Reality Lease  
(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: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(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.

CT Corporation System

By: Lauren Orton  
(Registered agent's signature)

Lauren Orton  
Authorized Secretary

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

*See attached*

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

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

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

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

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

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

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

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

## B. OFFICERS

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

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

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.  \_\_\_\_\_

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

14. Blane P. Evans Secretary/Treasurer \_\_\_\_\_

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

**TRI-STATE RESTAURANTS, INC.**

State of Incorporation: Delaware  
Date of Incorporation: 4-12-94  
Shares Authorized:  
Shares Issued:  
Federal Tax ID Number: 36-3963885

**SHAREHOLDER**

New Image Realty, Inc.

**BOARD OF DIRECTORS**

<u>Name</u>	<u>Address</u>
Kurt M. Mueller	1009 Ashland Wilmette, IL 60091
Blane P. Evans	4550 W. 150 <sup>th</sup> Street Midlothian, IL 60445

**OFFICERS**

<u>Name</u>	<u>Title</u>
Kurt M. Mueller	President & Chief Financial Officer
Lawrence Lopater	Vice President 18 Whitewood Drive North Hills, NY 11576
Blane P. Evans	Secretary & Treasurer
Judith Bory	Assistant Secretary 358 Carol Drive Massapequa Park, NY 11762

5/7/2003

# Delaware

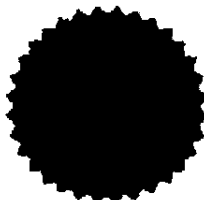
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## *The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRI - STATE RESTAURANTS, INC" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF MAY, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.



2393853 8300

050416673

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3894083

DATE: 05-20-05