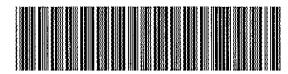
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(Requestor's Name)					
(Address)					
(Address)					
(Hadress)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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HB/U7/86--01036--001 **70.00



C.f.2-1

POILLUCCI AND KAHAN, P.C. CERTIFIED PUBLIC ACCOUNTANTS

HENRY J. POILLUCCI, JR., CPA ALLEN KAHAN, CPA 99 TULIP AVE. - SUITE 308 FLORAL PARK, N.Y. 11001

(616) 326-2970 (718) 895-2380 (718) 895-2381 (718) 895-6988 FAX (516) 326-1298 email: pktax@pk-tax.com

February 1, 2006

Florida Division of Corporations New Filing Section P.O. Box 6327 'Tallahassee, FL 32314

Re: Resurs Corp.

Dear Madam or Sir,

We are the accountants for the above-referenced New York corporation.

On behalf of our client, we are submitting an application for authorization to transact business in Florida.

This application is duly presented with the requested Certificate of Existence bearing New York State's seal as well as the \$70 payment.

Please be kind to consider our client's application favorably.

We thank you in advance.

Sincerely yours,

Poillucci and Kahan, P.C.

Allen Kahan

Certified Public Accountant

COVER LETTER

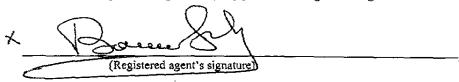
TO: New Filing Section Division of Corporations
SUBJECT: RESURS CORP
(Name of corporation - must include suffix)
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
ALLEN KAHAN, CPA
(Name of Person)
POILLUCCI AND KAHAN, PC.
(Firm/Company)
99 TULIP AVENUE, SUITE 308
(Address)
FLORAL PARK, NY 11001
(City/State and Zip code)
For further information concerning this matter, please call:
ALLEN KAHAN at (516) 326-2970 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
Enclosed is a check for the following amount.
S70.00 Filing Fee S78.75 Filing Fee & S78.75 Filing Fee & S87.50 Filing Fee, Certificate of Status Certified Copy 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. RESUR	S CORP			
	corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp."))," "COMPANY," "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate nam	e adopted for the purpose of transacting busine	ess in Florida)	
2. NEW YO		11-3299807	ŕ	
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)		-
_{4.} 1-12-199	96 5	PERPETUAL		
(Date	of incorporation)	(Duration: Year corp. will cease to exist or	"perpetual")	
6				
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)		
- 1170 BR	OADWAY, SUITE 1216	• • •		
7. 1110 DIV	(Principal office ad			
NEW YO	ORK, NY 10001	,		
	(Current mailing ad	idress)		
04150	E EL ECTRONICO			
*	F ELECTRONICS			
(Purpose(s	s) of corporation authorized in home state or	sountry to be carried out in state of Florida)	90 90	
9. Name and street	et address of Florida registered agent: (P.	O. Box NOT acceptable)	FEG S	
Name:	BORIS SKOP			T
Office Address;	1340 SOUTH OCEAN	BLVD, #203	7	
	POMPANO BEACH	, Florida 33062	75 3	
	(City)	(Zip code)	STATE OF	
10. Registered a	gent's acceptance:		₽ O O	
		vice of process for the above stated corpor	ration at the nla.	ce

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.



- 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: _ Director: _ Address: __ B. OFFICERS President: BORIS SKOP Address: 1340 SOUTH OCEAN BLVD, #203 POMPANO BEACH, FL 33062 Vice President: Address: Secretary: __ Address: Treasurer: 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) Gok/S Skor (Typed or printed name and capacity of person signing application)

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of RESURS CORP. was filed on 01/18/1996, 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 an existing corporation.

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 28th day of December two thousand and five.

Special Deputy Secretary of State

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