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SECRETARY OF STATE

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### **COVER LETTER**

TO: New Filing Section Division of Corporations								
SUBJECT: RIENZI & SONS, 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," or "Certificate of Good Standing" 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:								
KATHLEEN SHEPPECK								
Name of Person								
ESPRIT DE CORPS, INC.								
Firm/Company								
PO BOX 208								
Address								
ALPLAUS, NY 12008								
City/State and Zip code								
hari@hksamaroo.com								
E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
Kathleen Sheppeck at ( 518 ) 701-9246								
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:								
\$70.00 Filing Fee \$\ \text{Certificate of Status} \text{\$\subseteq} \$\subseteq								

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

				TATUTES, THE FOLLOWING IS SUBM		ΓΟ
				BUSINESS IN THE STATE OF FLORID.	A. A.C.	12 J
1.						¥.
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")					-3
					E FL	PH t
	(If name unavail	ess in Elo				
2.	NEW YORK				#12 (Tar)	~
	(State or country	under the law of which it is incorporated)	-	(FEI number, if applicable)		
4.	JUNE 28, 19	972	5.	PERPETUAL	•	
.,		of incorporation)		(Duration: Year corp. will cease to exist o	r "perpetu	ıal")
6.						
		(SEE SECTIONS 607.1501 & 60	7.1:	n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
7.	18	-81 STEINWAY ST., ASTO				
		(Principal office	add	ress)		
	18	-81 STEINWAY ST., AST				
		(Current mailing	add	ress)		
8.		WHOLESALER OF FO				
	(Purpose(s	) of corporation authorized in home state o	rcc	ountry to be carried out in state of Florida)		
9.	Name and stree	et address of Florida registered agent: (	P.C	D. Box NOT acceptable)		
	Name:	NRAI SERVICES, INC.				
O	ffice Address:	2731 Executive Park Drive, S	uit	e 4		
		Weston		, Florida 33331		
		(City)		(Zip code)		
10	N. Dantatana I	41				

#### 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: MICHAEL RIENZI Address: 18-81 STEINWAY ST., ASTORIA, NEW YORK, 11105 Vice Chairman: Address: Director: Address: Director: **B. OFFICERS** President: MICHAEL RIENZI Address: 18-81 STEINWAY ST., ASTORIA, NEW YORK, 11105 Vice President: MICHAEL RIENZI Address: 18-81 STEINWAY ST., ASTORIA, NEW YORK, 11105 Secretary: MICHAEL RIENZI Address: 18-81 STEINWAY ST., ASTORIA, NEW YORK, 11105 Treasurer: MICHAEL RIENZI Address: 18-81 STEINWAY ST., ASTORIA, NEW YORK, 11105 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. MICHAEL RIENZI, PRESIDENT 14.

(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 RIENZI & SONS, INC. was filed on 06/28/1972, under the name of RIENZI & SON, INC., 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.

A Certificate of Amendment RIENZI & SON, INC., changing its name to RIENZI & SONS, INC., was filed 03/26/1982.

The Biennial Statement is past due.



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SECRETARY OF STATE

TALLAHASSEE, FLOORING

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 22nd day of December two thousand and eleven.

First Deputy Secretary of State

First Deputy Secretary of State