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W95, 1519

TO: QUALIFICATION/TAX LIEN SECTION DIMSION OF CORPORATIONS

000001386220 -01/20/95--01129--006 *****70.00 *****70.00

SUBJECT: ASSOCIATED CRAFTSMEN /NC, (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:

(Name of Person)

ASSOCIATED CKAY SMEN INC.

(Firm/Company)

159 W. MRIN ST.

(Address)

WEBSTZR, N. 4, 14580
(City, State and Zip Code)

Should you need to call someone concerning this matter, please call:

Philip PRINZI at (7/6) 265-2550 (Name of Person) Area Code & Daytime Telephone Number SECULTARY OF STATE

COURIER ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS:

Qualification/Tax Lian Sec. Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

January 23, 1995

ASSOCIATED CRAFTSMEN INC. PHILIP PRINZI 159 W. MAIN ST. WEBSTER, NY 14580

SUBJECT: ASSOCIATED CRAFTSMEN INC.

Ref. Number: W95000001519

We have received your document for ASSOCIATED CRAFTSMEN INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Number 6 of the application must be completed. If the corporation has not transacted business or conducted its affairs in Florida because it has not received confirmation from this office, please insert the words "upon qualification" in lieu of a date.

If you have any questions concerning the filing of your document, please call (904) 487-6093.

Letter Number: 595A00002595

Freta Lott Corporate Specialist Supervisor

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.	ASSOCIATED CRAFTS MEN INCORPORATED, COMPANY, CORPORATION or words or
	(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2.	NEW YORK _ 3. 16-1250:333 State or country under the law of which it is incorporated) (FEI number, if applicable)
4.	(Date of Incorporation) 5. PERPSTURE (Duration: Year corp. will cease to exist or "perpetual")
6.	UPON CFUALIFICATION (Date first transacted business in Florida, (See sections 007.1501, 007.1502, and 817.155, F.S.)
7.	159 W. MAIN ST.
	WEBSTER, N.Y. 14580 -
	(Current mailing address)
8.	GENG-RAL CONTRACTOR_
	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9.	Name and street address of Florida registered agent:
	Name: Philip PRINZI Office Address: 7893 PEBBLE CREEK LIRCLOS.
	-802 P-101- AACIU CIPCOD.
	Office Address: 1673 PEBBLE CREGRE CIRCLE
	NAPLES, Florida, 33963-
	(Zip Code)
	(Lip 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 addresses of officers and/or directors: A. DIRECTORS Address: ___ DR-INE Vice Chairman: JOANN & Address: 1210 LAKE Director: John Address: 3503 MACEDON, Director: Address: __ В. **OFFICERS** President: ___ Address: _ /シ/0 Vice President: Johu *|ALOVANGELO* Address: 3503 SCENIC Secretary: TORNNG Address: _ 14580 Treasurer: Philip Address: 1210 LAKE POINT WEBSTER, NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Chairman, or any officer lated in number 12 of the application)

State of New York Department of State

I hereby certify, that the certificate of incorporation of ASSOCIATED CRAFTSMEN, INC. was filed 03/27/1985, with perpetual duration, and that I have made a diligent examination of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, I find no such certificate, order or record, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

...

The Statement of Addresses and Directors is past due.

Witness my hand and the official seal of the Department of State at the City of Albany, this 30th day of December one thousand nine hundred and ninety-four.

dexander F. Treacholl

Secretary of State

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