

F9500004297



95 03

ACCOUNT NO. : 072100000032

REFERENCE : 674060 06901D

AUTHORIZATION : *Patricia Dyer*

COST LIMIT : \$ 122.50

ORDER DATE : September 6, 1995

ORDER TIME : 9:36 AM

ORDER NO. : 674060

CUSTOMER NO: 06901D

3000001578108

CUSTOMER: Mr. Bo Bodha  
Prentice Hall Legal &  
375 Hudson Street

New York, NY 10014

FOREIGN FILINGS

NAME: RE ASSOCIATES INC.

XX        PROFIT  
       NON-PROFIT

       CORPORATE  
       LIMITED PARTNERSHIP

XX        QUALIFICATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX        CERTIFIED COPY  
       PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Andrea C. Mabry

FILED  
55 SEP-6 AM 10:23  
TALLAHASSEE, FLORIDA  
*mtm*

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

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE  
STATE OF FLORIDA:

1. Re Associates Inc.  
(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  
(State or country under the law of which it is incorporated)
3. 133207729  
(FEI number, if applicable)
4. February 1984  
(Date of incorporation)
5. perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. January 1, 1995  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.))
7. 101 W 12th Street  
New York, N.Y. 10011  
(Current mailing address)
8. Consulting  
(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:  
The Prentice-Hall Corporation  
Name: System, Inc.  
Office Address: 1201 Hays Street, Suite 105  
Tallahassee, Florida, 32301  
(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.

The Prentice-Hall Corporation System, Inc.

By: Merryl Wagner

(Registered agent's signature)

Merryl Wagner, Asst. VP.

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

Chairman: Elaine Re

Address: 607 Beachwalk Circle, Apt. 102  
Naples, FL 33963

Vice Chairman: Thomas C. Re

Address: c/o Thomas Re & Partners  
445 Park Avenue, New York, NY 10022

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

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

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

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

B. OFFICERS

President: Elaine Re

Address: see Chairman

Vice President: Thomas C. Re

Address: see Vice Chairman

Secretary: Thomas C. Re

Address: see Vice Chairman

Treasurer: Elaine Re

Address: see Chairman

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Thomas C. Re

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Thomas C. Re, Vice Chairman

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

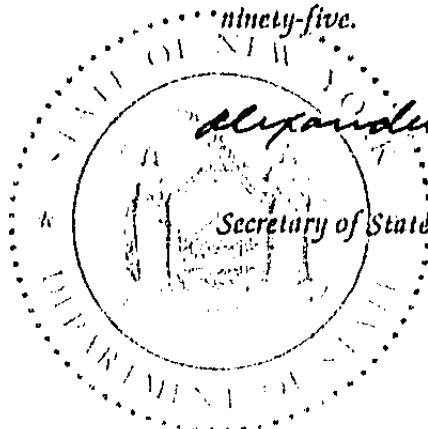
FILED  
SEP 6 AM 10:23  
TALLAHASSEE, FLORIDA

State of New York, ) ss:  
Department of State

I hereby certify, that the certificate of incorporation of RE ASSOCIATES INC. was filed on 02/01/1984, 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.

\*\*\*

Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 31st day of August  
one thousand nine hundred and  
ninety-five.



*Alexander F. Treachwell*

199509010062

SEP 6 1995  
TALLAHASSEE, FLORIDA  
DEPT. OF STATE

FILED

**F95000004297**

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued also such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section \_\_\_\_\_, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: Re Associates Inc EIN or SS#: 13 3207728

Address: 101 W 12th St  
NY NY 10011

Amount: 1550.00 Date Paid \_\_\_\_\_

Reason for claim: Report already Filed - F95000004297  
SP7 10/1/97

Certified true and correct this 10 day of October, 19 97.

Signature [Signature]

\* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only	
Agency recommends approval of above claim and submits the following information to substantiate the claim:	Amount of recommended refund <u>1550.00</u>
The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on State Treasurer's Receipt No. <u>98459 025</u> dated <u>09-23-97</u>	
Name of Account _____	
45202130001453000000000010000	
Statutory Authority for Collection	<u>605</u>
It is requested that payment be made from the following account:	
NAME OF ACCOUNT _____	
452021300014530000000022002000	
Certified true and correct this _____ day of _____, 19 _____	
Department of State, Division of Corporations	(Agency)
(Authorized Signature and Title)	