



**PRENTICE HALL
LEGAL & FINANCIAL SERVICES**

COST LIMIT : \$ 131.25

FILED
95 OCT 12 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EXAMINER'S INITIALS:

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: GRENICK CORPORATION II
(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:

NICHOLAS E. O'NEILL
(Name of Person)

GRENICK CORPORATION II
(Firm/Company)

127 LANDENBERG RD
(Address)

LANDENBERG PA 19350
(City/State/Zip)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

NICHOLAS E. O'NEILL
(Name of Person)

at (610) 274-0224
(Area Code & Daytime Telephone Number)

COURIER ADDRESS:

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

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**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. GRENIK CORPORATION II
(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. DELAWARE
(State or country under the law of which it is incorporated)
3. 23-282123
(FEI number, if applicable)
4. SEPT. 18 1995
(Date of Incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. SEPT 28 1995
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 127 LANDENBERG RD
LANDENBERG PA 19350
(Current mailing address)
8. INVESTMENTS
(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: (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: STEPHEN J LAPRENIA
C/O LAT PURSER FLORIDA
Office Address: 104 STATE HIGHWAY 17-92
LANGWOOD, Florida, 32750
(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.


(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: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: NICHOLAS E O'NEILL

Address: 122 LANDENBERG RD

LANDENBERG PA 19350

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: NICHOLAS E O'NEILL

Address: 122 LANDENBERG RD

LANDENBERG PA 19350

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

14. NICHOLAS E. O'NEILL
(Typed or printed name and capacity of person signing application)

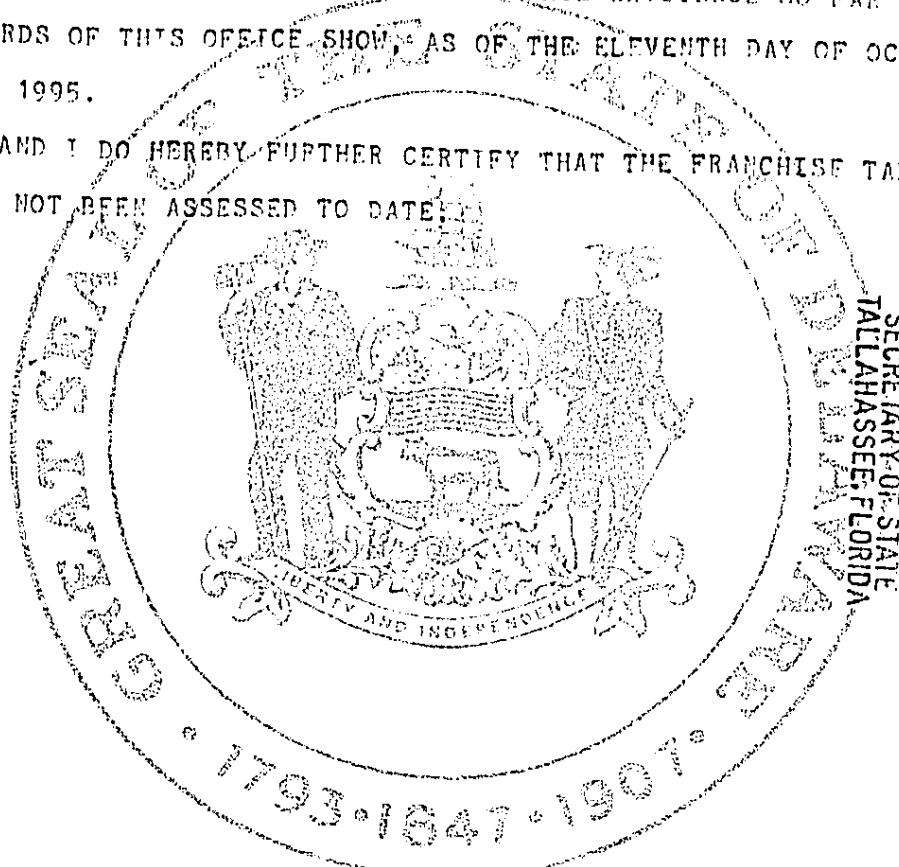
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of Delaware

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GRENICK CORPORATION II" 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 ELEVENTH DAY OF OCTOBER, A.D. 1995.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



FILED

95 OCT 12 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Edward J. Freel

Edward J. Freel, Secretary of State

7670713

AUTHENTICATION:

DATE:

10-11-95

2542515 2300

950233339

F95000004970

STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

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 else 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: Cover & Rossiter, PA EIN or SS#:

Address: PO BOX 492
Montchanin, DE 19710

Amount: \$103.75 Date Paid 5/19/97
Reason for claim: overpayment of amended annual report
filing fee. F95000004970
Leslie Sellers

Certified true and correct this day of , 19 .

Signature see attached

* 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>103.75</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>010041001</u> dated <u>11/05/00</u>	
Name of Account	<u>452021300014530000000000010000</u>
Statutory Authority for Collection	<u>607</u>
It is requested that payment be made from the following account:	
NAME OF ACCOUNT	<u>45202130001453000000022002000</u>
Certified true and correct this <u> </u> day of <u> </u> , 19 <u> </u> .	
Department of State, Division of Corporations (Agency)	(Authorized Signature and Title)

F95000004970

COVER+ROSSITER P.A.

CERTIFIED PUBLIC ACCOUNTANTS

MONTCHANIN MILLS BLDG. • P. O. BOX 492

MONTCHANIN, DELAWARE 19710-0492

302 • 656 • 6632 FAX 302 • 656 • 1811

May 2, 1997

Annual Reports Filings
Division of Corporations
P O Box 6327
Tallahassee FL 32314

RE: GRENICK CORPORATION
EIN 23-2811570
GRENICK CORPORATION II **F95000004970**
EIN 23-2821023

Dear Sir or Madam:

On behalf of our above-referenced clients, we are writing with regard to the Profit Corporation Annual Reports for each corporation.

We erroneously filed two copies of the Annual Report for each corporation and paid the filing fee twice. The first filing was made in January of 1997 and the checks sent in payment at that filing have already cleared our account. The second filing was made on April 30, 1997. We request that you discard the second filing and reimburse us for the second filing fee. Checks should be made payable to Cover & Rossiter, PA and mailed to P.O. Box 492, Montchanin, DE 19710. We apologize for any inconvenience which this may cause.

If you have any questions, please do not hesitate to contact us.

Yours very truly,



Diane M. Burke, CPA

DMB/nh

Enclosures