F96000004095 TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION DIVISION OF CORPORATIONS

SUBJECT:

0000001912110 -08/05/96--01002--011 *****78.75 *****70.75

SUBJECT: <u>Activar</u>			
(1)	Name of corporation - must include suffix)		11,340
Dear Sir or Madam:		W96	,-16242
Florida", "Certificate of	tion by Foreign Corporation for Authorizat Existence", and check are submitted to re ensact business in Florida.	ion to Transi egister the ab	act Business in love referenced
Please return all correspo	ondence concerning this matter to the follow	wing:	
A	nthony J. Gargano, Esquire (Name of Person)		
T.	easure, Gargano & Marchewka, P.A.		W.
	(Firm/Company)	≯	8 Es 8/16
 .	520 Royal Palm Square Blvd. #260 (Address)		96 AUS -
F	ort Myers, FL 33919		9 1 500 11 EI
	(City, State and Zip Code)		D STATE
Should you need to call t	someone concerning this matter, please cal	11:	1011S
Anthony J. Gargano	at (941) 275 - 7515	·	
(Name of Persor		e Number	

COURIER ADDRESS:

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

MAILING ADDRESS:

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



August 5, 1996

ANTHONY J. GARGANO, ESQUIRE LEASURE, GARGANO & MARCHEWKA, P.A. 1520 ROYAL PALM SQUARE BLVD. #260 FORT MYERS, FL 33919

SUBJECT: ACTIVAR, INC. Ref. Number: W96000016242

We have received your document for ACTIVAR, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6958.

Lee Rivers Document Examiner

Letter Number: 896A00037191

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	ACTIVAR, INC							
(h a)	Name of corporation: must obreviations of like import i r parmership if not so cont	include the word TNC n language as will clea aloed in the name at pi	ORPORATED irly indicate ti resent.))", "COMPAN hat it is a corp	Y","CORPO! poration inst	RATION* of a n	ir words istural p	orson
2.	Minnesots tate or country under the la	wof which it is income	3	41-1335	237	hla)		
4								_
6.	7 - 3 - 4 v					NIST OF "PO	ر ن tbemai	
	7808 Creekri			7.1502, end 817.	.165, F.S.J		SELA 6	NOISH SECRE
_	Edina, MN			·			-9	15 CO
۵		Current mailing addre		e Extinoui	sher Cabi	inets	PH 2: !	OF STAT
o	(Purpose(s) of corporation						loride)	S.
9.	Name and street add	iress of Florida r	egistered	agent:				
	Name:	Robert J. Dunn			-			
	Office Address: _	5758 Corporati	on Circle	1.0.00	_			
		Fort Myers			Florida , ,	33905		
					•	(Zip C	ode)	

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.

Names and addresses of officers and/or directors: (Street 12. address ONLY- P. O. Box NOT acceptable) DIRECTORS (Street address only- P. O . Box NOT acceptable) Chairman: Richard F. McNamara 7808 Creekridge Circle,#200 Address: Minneapolis, MN 55439 Vice Chairman: Robert J. Dunn Address: _____5758 Corporation Circle Fort Myers, FL 33905 James L. Reissner Director: _ Address: 7808 Creekridge Circle, #200 Minneapolis, NN 55439 Director: _____ Address: ___ B.OFFICERS (Street address only - P. O. Box NOT acceptable) Richard F. McNamara President: ____ 7808 Creekridge Circle, #200 Address: ____ Minneapolis, MN 55439 Vice President: Robert J. Dunn Address: 5758 Corporation Circle Fort Myers, FL 33905 Secretary: _ James L. Reissner 7808 Creekridge Circle, #200 Address: Minneapolis, MN 55439 James L. Reissner Treasurer: __ 7808 Creekridge Circle, #200 Address: Minneapolis, MN 55439
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) (Typed or printed name and capacity of person signing application)

State of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

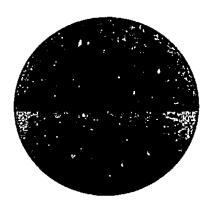
I, Joan Anderson Growe, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is

Name: Activar, Inc.

Date Formed: 08/30/1978

Chapter Governed By: 302A

This certificate has been issued on 07/29/96.



Joan Anderson Grove
Secretary of State.