

# F96000006296

TO: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: NORWALK CANDIES, INC. DBA DREAM CANDIES  
(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:

JOSEPH LIPTON

(Name of Person)

NORWALK CANDIES, INC

(Firm/Company)

31 W 47 ST

(Address)

NEW YORK, NY 10036

(City/State/Zip)

100002012801--2

-11/22/96--01092--005

\*\*\*122.50 \*\*\*122.50

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

JOSEPH LIPTON

(Name of Person)

at ( 212 ) 921-7800

(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

FILED  
96 DEC -3 PM 2:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

November 25, 1996

**JOSEPH LIPTON**  
**NORWALK CANDIES, INC.**  
**31 W. 47 ST.**  
**NEW YORK, NY 10036**

**SUBJECT: NORWALK CANDIES, INC.**  
**Ref. Number: W96000024809**

We have received your document for NORWALK CANDIES, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Federal Employer Identification number is comprised of nine digits. Please amend your document accordingly.

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.

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) 487-6093.

**Freta Lott**  
Corporate Specialist Supervisor

**Letter Number: 796A00053238**

## 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. NORWALK CANDIES, 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. DELAWARE

(State or country under the law of which it is incorporated)

3. 13-3758212 (Corrected)  
1375 8212  
(FBI number, if applicable)

4. 11/2/93

(Date of Incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION

(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.133, F.S.))

7. NORWALK CANDIES, INC.

31 WEST 47 ST NEW YORK, NY 10036

(Current mailing address)

8. MANUFACTURING AND SALES

(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: MARVIN CHANES

Office Address: 3814 NW 126 AVE

CORAL SPRINGS

, Florida, 33065

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.

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TALLAHASSEE  
FLORIDA

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**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: Gilbert ShwomAddress: Rocky Glen Road  
Moosic, PA 18507

Vice Chairman: \_\_\_\_\_

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

Director: Dr. Michael S. AronoffAddress: 60 RIVERSIDE DRIVE  
NEW YORK, NYDirector: LAUREN WACHTLERAddress: 140 GRAND ST  
White Plains, NY 10601**B. OFFICERS (Street address only- P. O. Box NOT acceptable)**President: JOSEPH LIPTONAddress: 31 W 47 ST  
NEW YORK, NY 10036

Vice President: \_\_\_\_\_

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

Secretary: Gilbert ShwomAddress: Rocky Glen Road  
Moosic, PA 18507

Treasurer: \_\_\_\_\_

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

**NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.**13. [Signature] PRESIDENT

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

14. JOSEPH LIPTON, PRESIDENT

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

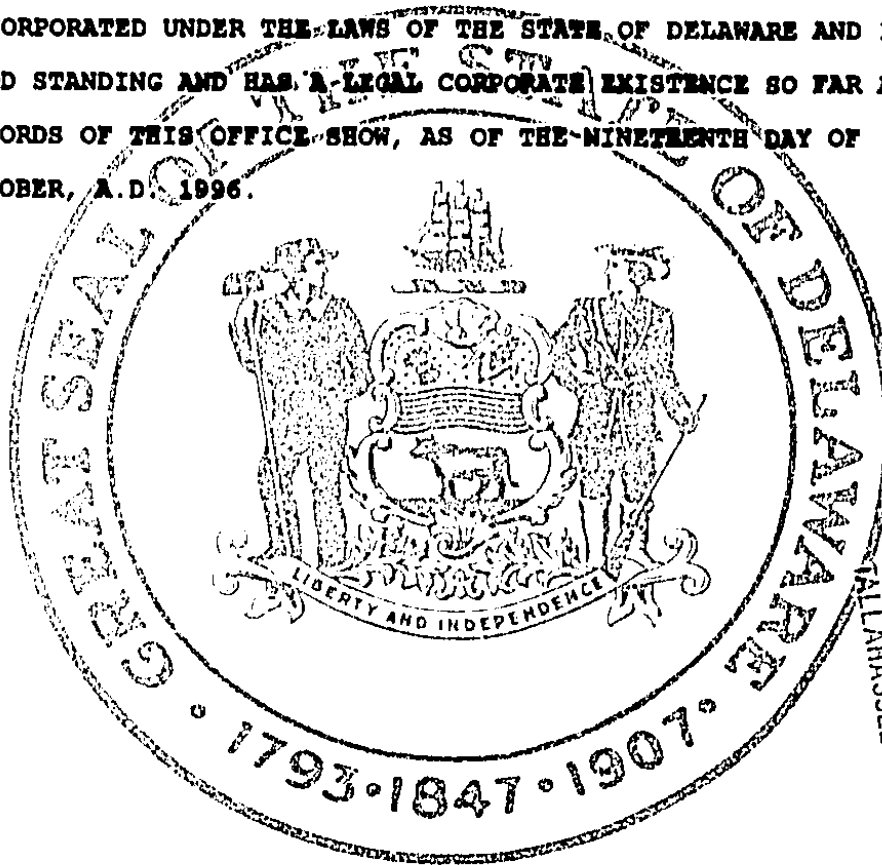
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SECURE AIR OF STATE  
TALLAHASSEE, FLORIDA

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State of Delaware  
Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NORWALK CANDIES, INC." 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 NINETEENTH DAY OF OCTOBER, A.D. 1996.



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96DEC-3 PM 2:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*Edward J. Freel*

Edward J. Freel, Secretary of State

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AUTHENTICATION: 8153606

DATE: 10-19-96