

Tuesday, April 14, 1998

Mr Collins
Florida Department Of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314



APR 17 1998

Office of General Counsel Department of State 400002491004---0 -04/16/98--01095--003 \*\*\*\*\*385.00 \*\*\*\*\*385.00

W98-8556

Dear Sir:

Further to our discussion, please find enclosed:

- A certificate of existence, less than 30 days old, from NY State

- An application for conducting business in Florida

- A check (# 15109), in the amount of \$ 385.00. This amounts include a \$ 70 registration fee and a \$ 315.00 penalty.

We moved Nida-Core warehouse from New York - New Jersey to Florida in order to better serve our customers as of 01/01/1996.

We were unaware of the necessity to file the enclosed application to conduct business in Florida. We thought our New York Corporation papers allowed us to conduct business anywhere in the Continental USA. I am myself a foreign national, with all needed authorizations to work in the USA. I agree that its not a proper justification for not filing the enclosed documents, but I was just not aware of it. It was not my intention to avoid it.

I would therefore appreciate if the State of Florida could consider the cancellation, or reduction, of the civil penalty. We are a young company, started from scratched. We do not yet enjoy a financial health which enables to pay such a civil penalty without hurting our cash-flow.

We thank you for your time and understanding.

Sincerely,

Damien JACQUINET President

encl: Certificate, application and check.

400002481004---01 -04/22/98--01107--001 \*\*\*1000.00 \*\*\*1000.00

http://www.nida-core.com



#### TRANSMITTAL LETTER

To:

| •            | alification/Tax Lien Section is control of Corporations                     | on                      |   |                             |
|--------------|---|-------------------------|---|-----------------------------|
| SUBJECT:     | NiDA - C  | ORE                     | CORLORATION opporation - must include suffix)   |                             |
|              | (1)   | Vame of co              | rporation - must include suffix)  |                             |
| Dear Sir or  | Madam:  |                         |   |                             |
| "Certificate | ed "Application by Foreig<br>of Existence", and check<br>siness in Florida. | n Corporat<br>are submi | tion for Authorization to Transact Business tted to register the above referenced foreign | in Florida", corporation to |
| Please retur | n all correspondence cond   | æming thi               | s matter to the following:  |                             |
|              | Danier  | JACO                    | QUINET Name of Person)  |                             |
|              |   | •                       | •   |                             |
|              | NiDA - Co   | SRE" (                  | Carloration   |                             |
|              |   | T)                      | Firm/Company)   | -                           |
|              | 3240 S  | w 4                     | Carloration  Firm/Company)  2 Ad Avenue  (Address)  |                             |
|              |   | <del></del>             | (Address)   |                             |
|              | PALM C  | ity                     | FL 34990  |                             |
|              |   | (                       | City/State/Zip)   | •                           |
| •            | need to call someone con  |                         | · ·   |                             |
| DAMI         | EN JACQUINE   | T at (                  | 561 714 - 9004  (Area Code & Daytime Telephone Numl                                       |                             |
| (N           | ame of Person)  | (                       | (Area Code & Daytime Telephone Numl   | ber)                        |
|              |   |                         | ·   | 98 AP                       |
| COURIER      | ADDRESS:  |                         | MAILING ADDRESS:  | 3 7 7                       |
| •            | on/Tax Lien Section<br>Corporations   |                         | Qualification/Tax Lien Section<br>Division of Corporations<br>P.O. Box 6327               |                             |
|              | , FL 32399  |                         | Tallahassee, FL 32314   | 64 5<br>000 5               |
|              |   |                         |   |                             |



#### FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
OFFICE OF THE GENERAL COUNSEL

#### FACSIMILE TRANSMITTAL

TO FAX NUMBER:561-287-5373

Please deliver the following pages to:

NAME:Damien Jacquinet

**COMPANY: Nida-Core Corporation** 

CITY/STATE:Palm City, Florida

SENDER: G

Gerard T. York, Esq.,

**Assistant General Counsel** 

DATE/TIME:

04/17/98 1:38 PM

NUMBER OF PAGES (including transmittal sheet):2

FROM FAX:

850/922-5763 (Suncom 292-5763)

COMMENTS: This is to confirm our conversation of this date wherein I have a offered to settle the issue of foreign non-qualified penalties due from Nida-Core Corporation for the sum of \$1000, reflecting penalties from 1996 assessed at the statutory minimum of \$500 per year.

Upon receipt of a check in that amount payable to the Department of State, Division of Corporations, I will instruct the Division of Corporations to issue Nida-Core Corporation a Certificate of Authority to transact business in Florida. Please mail

the check to this attorney at: Office of General Counsel, LL-10, The Capitol, Tallahassee, Florida 323990250.

Please do not hesitate to contact me should you have any questions.

If there are any problems in receiving this transmission, call Vivian at 850/414-5536 or Suncom 994-5536.

LL-10 • THE CAPITOL • TALLAHASSEE, FLORIDA 32399-0250



# Department of State

# Memorandum Office of the General Counsel

TO:

File

FROM:

Gerard York, Assistant General Counsel

DATE:

April 21, 1998

RE:

Nida-Core, Corporation

Based on my review of the file and the payments received from the corporation, it is my recommendation that this file be closed. Corporation has paid outstanding report fees from 1996 of \$315.00 and foreign non-qualified penalties of \$ 1000.00 assessed at the statutory minimum of \$500.00 per year and wishes to be qualified to do business in the State of Florida. Accordingly, it is recommended corporation be issued a certificate of authority.

/gty

90 APR 21 AM 8: 15

### 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.   | NIDA - CORE CORLORATION (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.   | (State or country under the law of which it is incorporated)  3. 13-3454150  (FEI number, if applicable)  |  |  |  |  |  |  |
|  | (State or country under the law of which it is incorporated) (FEI number, if applicable)  |  |  |  |  |  |  |
| 4.   | 12/01/1987  5. LERLETUAL  (Date of incorporation)  5. LERLETUAL  (Duration: Year corp. will cease to exist or "perpetual")  |  |  |  |  |  |  |
|  | (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")   |  |  |  |  |  |  |
| 6.   | TANUARY 12t 1996 (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)   |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
| 7.   | 3240 SW 42 rd Avenue  |  |  |  |  |  |  |
|  | PALM CITY FL 34990 (Current mailing address)  | -                                      |  |  |  |  |  |
|  | (Current mailing address)   |  |  |  |  |  |  |
| 8.   | Transact in any and all lawful Swines premitted under FL.   | laws                                   |  |  |  |  |  |
|  | (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)   |  |  |  |  |  |  |
| 9.   | Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)   |  |  |  |  |  |  |
|  | Name: DAMIEN JACQUINET  |  |  |  |  |  |  |
| Oi   | ffice Address: 711 CLAREMORE De.  |  |  |  |  |  |  |
|  | Mest Lalu Beach, Florida, 33401 (Zip code)  | # 12<br># 12<br># 12                   |  |  |  |  |  |
|  | (Zip code)  | gyaratio .                             |  |  |  |  |  |
| 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 |   |  |  |  |  |  |  |

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 a  | and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)            |  |
|--------------|--|--|
|              | FORS (Street address only - P.O. Box NOT acceptable)   |  |
| Chairman: _  | DAMIEN JACQUINET   |  |
| Address:     | 711 CLAREMORE DR.  |  |
|              | West Lalm Beach, FL 33401  |  |
| Vice Chairm  | nan:   |  |
|              |  |  |
|              |  |  |
| Dimenten     |  |  |
|              |  |  |
|              | <u> </u>   |  |
|              |  |  |
|              |  |  |
| Address:     |  |  |
| D 0555       | PDC (C)  |  |
|              | ERS (Street address only - P.O. Box NOT acceptable)  |  |
| President: _ | DAMIEN JACQUINET   |  |
| Address:     | 711 CLAREMORE DR. 55 3   |  |
| _            | West Lata Beach, FL 73401  | i i  |
| Vice Preside | ent:   | ig<br>———————————————————————————————————— |
| Address:     |  | 0.000                                      |
| _            |  | w<br>                                      |
| Secretary: _ |  |  |
| Address:     |  |  |
|              |  |  |
| Tressurer:   |  |  |
|              |  |  |
| Address:     |  |  |
|              |  |  |
| ſ            | necessary, you may attach an addendum to the application listing additional officers and/or directors. |  |
| 13. Nau      | Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)           |  |
| DA           | MIEN TACQUINET PLECIAL T   |  |

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

# State of New York Department of State

I hereby certify, that the certificate of incorporation of NIDA-CORE CORPORATION was filed on 12/01/1987, with perpetual duration, and that a diligent examination has been made of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

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The Corporation Biennial Statement is past due.

Witness my hand and the official seal of the Department of State at the City of Albany, this 13th day of April one thousand nine hundred and

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Special Deputy Secretary of State

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