F9800000 4999

To:		eation/Tax Lien Section n of Corporations
SUBI	ECT:	Skyborne Parts, Inc.
		(Name of corporation - must include suffix)
Dear	Sir or Mad	am:
"Cert	ificate of F	Application by Foreign Corporation for Authorization to Transact Business in Florida", Existence", and check are submitted to register the above referenced foreign corporation to s in Florida.
Please	return ali	correspondence concerning this matter to the following: 40002617234—-2-08/17/98-01057-001
		Joseph A. Stirrup *****70.00 *****70.00
		(Name of Person)
		Price & Stirrup
		(Finn/Company)
		133 Route 304
	·	(Address)
		Bardonia, N.Y. 10954
		(City/State/Zip)
Should	d you need	to call someone concerning this matter, please call:
		Stirrup at (914) 623-0300
	(Name	of Person) (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Section 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

SECRETARY OF STATIONS
DIVISION OF CORPORATIONS
98 SEP -4 AM 11:09

PRICE & STIRRUP

CERTIFIED PUBLIC ACCOUNTANTS

133 Route 304 - Bardonla, New York 10954

Eugene Price, CPA Joseph A. Stirrup, CPA Phone: 914-623-0300 Fax: 914-623-0350

August 13, 1998

Mr. Hart Collins Qualification/Tax Lien Section Division of Corporations P.o. Box 6327 Tallahassee, Florida 32314

Re: Skyborne Parts, Inc.

Dear Mr. Collins:

Per the conversation my assistant had with you enclosed is the following:

- 1. Certificate of Existence from the State of New York Department of State
- 2. A check payable to Secretary of State in the amount of \$70.00 for Skyborne Parts, Inc.'s Application by Foreign Corporation for Authorization to Transact Business in Florida

We mailed this application August 1, 1997 and a follow-up September 22, 1997 but never received a response. I hope that this will now be sufficient to complete this transaction.

Please contact me at your earliest convenience if you need anything further.

Thank you for your attention to this matter.

Very truly yours,

INCEDIA OTIDDIID

JAS/lk

cc: Skyborne Parts, Inc.

PRICE & STIRRUP

CERTIFIED PUBLIC ACCOUNTANTS

133 Route 304 - Bardonia, New York 10954

Eugene Price, CPA Joseph A. Stirrup, CPA

Phone: 914-623-0300 Fax: 914-623-0350

September 22, 1997

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

RE: SKYBORNE PARTS, INC.

Gentlemen:

Attached is a copy of the completed application that was sent to you on August 1, 1997.

As of this date, we have not had a reply. We would appreciate hearing from you .

Very truly yours,

Joseph A. Stirrup CPA

JAS:jd encs.

cc: Skyborne



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

August 17, 1998

JOSEPH A. STIRRUP PRICE & STIRRUP 133 RT 304 BARDONIA, NY 10954

SUBJECT: SKYBORNE PARTS, INC. Ref. Number: W98000018703

We have received your document for SKYBORNE PARTS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The registered agent must sign accepting the designation.

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 (850) 487-6092.

Letter Number: 998A00042513

Hart Collins Senior Corporate Section Administrator

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	·	SKYBORNE PARTS	INC.						
WOX	ds or abbrevia	tion; must include the wor tions of like import in lan	guage as will o	dearly i	ndicate that				
natu	ral person or	partnership if not so contain	ned in the nar	ne at pr	esent.)				
2		Note York		_ 3.	13	1887235			
(Stat	(State or country under the law of which it is incorporated)				•	(FEI number, if	applicable)		
4		1/1/56	5]	Perpetual	or "perpetual")		
	_	of incorporation)	(Di	ration:	Year corp. \	vill cease to exist	or "perpetual")		
6		1/1/97							
	(Date first t	ransacted business in Florie			607.1501, 6	07.1502 and 817.	155, F.S.)		
7		3965 SW San Cle							
		Palm City, Fl.	34990			 -			
		(Cı	urrent mailing	address)				
		•	-						
8		Sale of Mercha							
	(Purpose(s)	of corporation authorized	in home state	or coun	ry to be can	ied out in state of	f Florida)		
9. Nan	ue and stree	t address of Florida reg	gistered agen	ıt: (P.C). Box or M	lail Drop Box <u>N</u>	OT_acceptable)		
	Name:	Terry Weisbrot	:	· — <u>·</u>	_			98	DIVIG
Office .	Address: _	3965 SW San Cl	emente Ct		_			SEP	COR.
		Palm City, W.	3 ,		Florida	34990		1	
					, riona,	(Zip code)		至	350,0
10 D.		-42							RAZ
IV. Re	Sizieien #Se	nt's acceptance:						60	SE.
Having	been named	as registered agent and to	accept service	of proc	ess for the a	sbove stated corpo	pration at the place	design	ဟ ated
in this a	ipplication, f	hereby accept the appoint isions of all statutes relati	ment as regist	ered ap	ent and agre	e to act in this ca	pacity. I fuether a	area to	
end acc	ept the obliga	tions of my position as rej	re w ine prop Astered agent	er ana c	ompiete per	formance of my c	uties, ond I am fai	milier v	vith
	•		[.] · . I	Į.					
		/(Re	gistered agent	's signat	nte)				

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) Terry Weisbrot Chairman: Address: 3965 SW San Clemente Ct. Palm City, Fl. 34990 Vice Chalrman: Director: Address: Director: __ Address: B. OFFICERS (Street address only - P.O. Box NOT acceptable) Address: Vice President: Address: Secretary: __ Address: Treasurer: Address: 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) Tend Weisbrat (Typed or printed name and capacity of person signing application)

State of New York Department of State

I hereby certify, that SKYBORNE PARTS, INC. a NEW JERSEY corporation, filed an Application for Authority to do business in the State of New York on 02/11/1966. I further certify that no certificate of Surrender of Authority has been filed, and so far as shown by the records of this Department, such corporation is still authorized to do business in the State of New York.

The Biennial Statement is past due.

Witness my hand and the official seal of the Department of State at the City of Albany, this 03rd day of August one thousand nine hundred and ninety-eight.

Special Deputy Secretary of State

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SECRETARY OF STATE STATE OF CORPORATIONS