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| | RANSMITAL ETTR | |
|--|---|------------|
| To: Qualification/Tax Lien Sec Division of Corporations | | O , |
| SUBJECT: COLOWIE | (Name of corporation - must include suffix) | INC. |
| Dear Sir or Madam: | <u>-</u> . | |
| | eign Corporation for Authorization to Transact Business in Floridack are submitted to register the above referenced foreign corporation | on to |
| Please return all correspondence co | ncerning this matter to the following: 10002702 -12/04/98 | |
| AN | (Name of Person) VALONY J. TITONE P. M. (Firm/Company) | 78-27309 |
| An | VILONY J. TITONE P. A. | |
| 74. | (Flom/Company) 7/ W. Owledge I Ph Block 5/11 | D |
| | 71 W. Owkland Ph. Blod. 5.11 (Address) | |
| | Ft. Lander State FL. 333/ (City/State/Zip) | |
| | (City/State/Zip) | 3 |
| Should you need to call someone co | oncerning this matter, please call: | FFB -5 |
| ANThony J. Tito | at (934) 742-224 (Area Code & Daytime Telephone Number) | AM S |
| (Name/of Person) | (Area Code & Daytime Telephone Number) | 8: L5 |
| COURIER ADDRESS: | MAILING ADDRESS: | 4ntn = |
| Qualification/Tax Lien Section Division of Corporations | Qualification/Tax Lien Section Division of Corporations | 2/5 |

409 E. Gaines St. Tallahassee, FL 32399

P.O. Box 6327 Taliahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

December 8, 1998

ANTHONY J. TITONE, ESQ. ANTHONY J. TITONE PA 7471 W. OAKLAND PK BLVD SUITE #110 FT LAUDERDALE, FL 33319

SUBJECT: COLONIE SEALCOATING SPECIALIST, INC.

Ref. Number: W98000027309

We have received your document for COLONIE SEALCOATING SPECIALIST, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 487-6097.

Michael Mays Document Specialist

Letter Number: 498A00057806

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. COLONIE SEALCONTING SPECIALIST, 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.) |
| 11: 12.00 - 0- |
| 2. NEW YORK (State or country under the law of which it is incorporated) 3. $\frac{14-1808 \ge 93}{\text{(FEI number, if applicable)}}$ |
| _ |
| 4. SEPT. 2Z, 1998 5. PERPET UAL (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") |
| (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") |
| 6. WILL DO BUSINESS AFTER CERTIFICATE OF BUTTONY Receive (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) |
| (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) |
| 3450 PINE WALD Prin No. #2438 |
| 7. 3450 PINE WALD Prin No. #3438 MAR GATE PL. 33063 (Current mailing address) |
| (Current mailing address) |
| (Caroni Islanda unitari) |
| 8. PAVEMENT MAINTENANCE 9 (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) |
| (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: Michael PELKEY |
| Name: MICHAEL PELKEY Office Address: 3450 PINE WALD DRIVE No. #438 55 |
| 76 |
| MARGATE, Florida, 33063 |
| (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. |
| Michael 5 Belley |
| (Registered agent's spenature) |

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.

| | ddresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable) | | . " |
|-------------|--|---------------------|--|
| A. DIRECTOR | S (Street address only - P.O. Box NOT acceptable) | | |
| Chairman: | MICHAEL PELNEY | | |
| Address: | 3450 Pine Wald Ds No. #438 | | |
| | MICHAEL PELKEY 3450 Pine Wold By No. #438 Mugate PL. 33063 | _ | |
| | | | |
| Address: | | | |
| | | | |
| Director: | | | |
| Address: | | | |
| | | | |
| Director: | | | <u> </u> |
| Address: | | | |
| | | | |
| B. OFFICER | S (Street address only - P.O. Box NOT acceptable) | | |
| President: | MICHAEL PELKEY | , | |
| Address: | 3450 Pine Wald Dr. WO. #438 | 99F | 受 |
| | Michael PELKEY 3450 Pine Wald Dr. Wo. #438 Mayate FL. 33063 | _ EB_ | -RETAIN |
| | | 5 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Address: | | _ë. ≆ | |
| | | _ <u>çı</u> _ | |
| Secretary: | TAMMY PELKEY | | |
| Address: | 3450 Pine Wald ly No. #438 | | |
| | 3450 fine Wald On No. #438 Margate Fl. 33063 | | |
| Treasurer: | | | |
| Address: | | | |
| | | | |
| NOTE: If ne | cessary, you may attach an addendum to the application listing additional officers and/or directors. | | |
| 13 | Malay 5 mlm | | |
| 13 | (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) | | |
| 14 | (Typed or printed name and capacity of person signing application) | | |
| | (1 yped or printed name and capacity of person signing approachor) | | |

State of New York Department of State | ss:

I hereby certify, that the certificate of incorporation of COLONIE SEALCOATING SPECIALIST, INC. was filed on 09/22/1998, 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.

Witness my hand and the official seal of the Department of State at the City of Albany, this 19th day of January one thousand nine hundred and ninety-nine.

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