Wew Yor City/State/Z	Office Use Only	0293 01131015 ******78.75
CORPORATION N	AME(S) & DOCUMENT NUMBER(S), (if known):	
1(Corpo	ration Name) Lnc (Document #) ration Name) (Document #)	
3(Corne	ration Name) — (Document #)	· · · · · · · · · · · · · · · · · · ·
4.		
Walk in Mail out	Pick up time Certified Copy Will wait Photocopy Certificate of Status	BECHETARY S
NEW FILINGS -	AMENDMENTS	TED STATE A
Profit	Amendment	: 35
NonProfit	Resignation of R.A., Officer/ Director	<u>T</u> -
Limited Liability	Change of Registered Agent	yrch
Domestication	Dissolution/Withdrawal	4717
Other	Merger	4/17
Annual Report Fictitious Name Name Reservation	REGISTRATION/- QUALIFICATION Foreign Limited Partnership Reinstatement Trademark	
	Other	-
	Examinar's Initials	

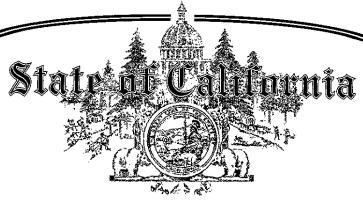
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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. Luster National, 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. Colificia 3. C802 04 18 (State or country under the law of which it is incorporated) (FEI number, if applicable)
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. //8/90 5. **Nexpetual** (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual**?
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
5/1/99
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 420 Lexington Avenue, Scita 300
New York, 14 10170 :: 23 (Current mailing address)
(Current mailing address)
G1 - 25
8. To engage in any tou fal act or activity for within a Composition may be argonized in the state of Edipose(s) of corporation authorized in home state or country to be carried out in state of Florida.
(Eurpose(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: C T Corporation System
Office Address: C/o C T Corporation System, 1200 South Pine Island Road
Plantation - Wouldo 33324
Plantation , Florida, 33324 (Zip code)
(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. , \(\forall \)
Charles W. Meyer (Registered agont's signature) CHARLES W. MEYER (Registered agont's signature)
(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.

	CTORS (Street address only - P.O. Box NOT acceptable)			
Chairman:	Kober Luster			
Address:	1550 Byront Avenue, S. t. 535			
_	San Francisco, Coliforna 94103			
Vice Chair	man:			
Address: _			141	. <u> </u>
_				
Director: _	B. Cory Atha		-	
Address: _	420 Lexing ton Avenue, Suite 300			
_	New York, NY 10170			
Director: _				- •
Address: _				
D 07757				
	CERS (Street address only - P.O. Box NOT acceptable)			
	Robert Custer	99	2 ,	
Address: _	1550 Byrant Avenue, but 535	AUT 66	- FC-	- <u>.</u>
_	Son Francisco, Colifornia, 94103	-	등 학 	
Vice Preside	ent:		26 	
Address: _		표 <u>ധ</u>		·
	the state of the s		- 5 	
Secretary: _	B. Cory Attra			=
Address: _	420 Lexington Avenue, Suite 300			
_	New York, NY 10170		<u> </u>	_ <u> </u>
Treasurer:			· <u>-</u>	
Address: _				
_			197	
NOTE: If	necessary Lyou may attach an addendum to the application listing additional officers and/or directors			
13. <u>X</u>	Lille		· m.	
D	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)			
14. <u>/S,</u>	(Typed or printed name and capacity of person signing application)			<u> </u>
	(1) been or bruneen name and cabakity of berson signing application)			



SECRETARY OF STATE

CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, BILL JUNES, Secretary of State of the State of California, hereby certify:	
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That on the	8th	day of	January	90
				,

LUSTER NATIONAL, INC.

became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

April 9, 1999

Billynes

Secretary of State