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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

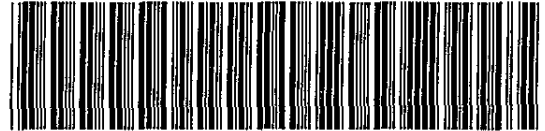
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Certificates of Status _____

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NOV 11 2003
FBI - MEMPHIS

F03-5592
OK

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EKATO CORPORATION

(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:

WALTER BOGAERTS

(Name of Person)

EKATO CORPORATION

(Firm/Company)

700C LAKE STREET

(Address)

RAMSEY, NJ 07446

(City/State and Zip code)

For further information concerning this matter, please call:

WALTER BOGAERTS

(Name of Person)

at

(201) 825-4684

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

**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. EKATO CORPORATION
(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. NEW JERSEY
(State or country under the law of which it is incorporated)
3. 22-2997546
(FEI number, if applicable)
4. MARCH 1, 1989
(Date of incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 700C LAKE STREET, RAMSEY, NJ 07446
(Principal office address)

700C LAKE STREET, RAMSEY, NJ 07446
(Current mailing address)
8. WHOLESALE TRADE
(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)

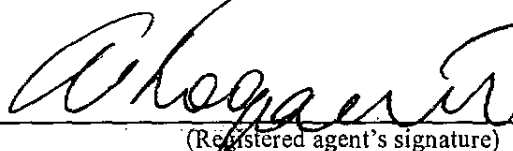
Name: WALTER BOGAERTS

Office Address: 5353 Treasure View Way

Leesburg, Florida 34748
(City) (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.


(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 and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: ERICH TODTENHAUPT

Address: 700C LAKE STREET, RAMSEY, NJ 07446

Director: WALTER BOGAERTS

Address: 5353 Treasure View Way, Leesburg, FL 34748

B. OFFICERS

President: PAUL D. DWELLE

Address: 700C LAKE STREET, RAMSEY, NJ 07446

Vice President: _____

Address: _____

Secretary: CLINTON POFF

Address: 700C LAKE STREET, RAMSEY, NJ 07446

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

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

14. WALTER BOGAERTS, DIRECTOR

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

FILED
JUN -5 97
CLERK OF SUPERIOR COURT
JULY 1 1997

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

EKATO CORPORATION
100241774

*I, the Treasurer of the State of New Jersey,
do hereby certify that the above-named
Delaware Foreign Profit Corporation was
registered by this office on November 9, 1984.*

Said business was Merged With A Name Change on March 31, 2000

*with EKATO CORPORATION,
a New Jersey Domestic Profit Corporation, being the
surviving entity.*

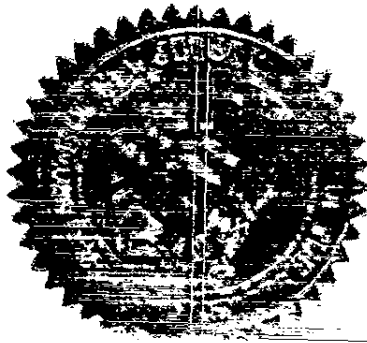
*I further certify that the last registered agent
and registered office of record were:*

Clifton Poff
16-00 Route 208
Fair Lawn, NJ 07410

Continued on next page . . .

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

EKATO CORPORATION



IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
17th day of October, 2003

A handwritten signature in cursive script, reading "John E. McCormac".

John E. McCormac, CPA
State Treasurer