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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

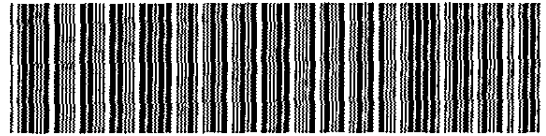
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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[Handwritten signature]

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HMI INC.
(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:

KENNETH J. FERREIRA
(Name of Person)

HMI INC.
(Firm/Company)

55 PROVIDENCE HIGHWAY
(Address)

NORWOOD MA 02062
(City/State and Zip code)

For further information concerning this matter, please call:

KENNETH J. FERREIRA at 781-680-0207
(Name of Person) (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

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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. HMI INC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

HMI INC. OF MASSACHUSETTS (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. MASSACHUSETTS (State or country under the law of which it is incorporated) 3. 04-3252901 (FEI number, if applicable)

4. 01/01/94 (Date of incorporation) 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")

6. 02/09/04 (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. 55 PROVIDENCE HIGHWAY NORWOOD MA 02062 (Principal office address)

55 PROVIDENCE HIGHWAY NORWOOD MA 02062 (Current mailing address)

8. TRAVEL PROMOTION (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: LARRY N ZIELIMSKI

Office Address: 1345 MARJOHN AVE

CLEARWATER, Florida 33756 (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.

x Larry N. Zielinski (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:

04 MAR 29 PM 1:44 SECRETARY OF STATE DIVISION OF CORPORATIONS

A. DIRECTORS

Chairman: STATEMENT 1

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: PAUL V. FERREIRA

Address: 342 CARTWRIGHT RD, WELLESLEY, MA 02482

Vice President: _____

Address: _____

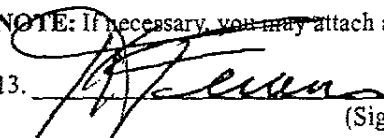
Secretary: WILLIAM C. MONROE

Address: PO BOX 6212, LINCOLN, MA 01773-6212

Treasurer: KENNETH J. FERREIRA

Address: 46 MISTY COVE, HILTON HEAD ISL NC 29928

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

13.  _____
(Signature of Director or Officer listed in number 12 of the application)

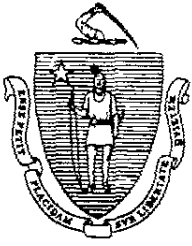
14. KENNETH J. FERREIRA, TREASURER
(Typed or printed name and capacity of person signing application)

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NAME AND HOME
ADDRESS OF OFFICER

JOSEPH F. BARRY
78 KENDRICK RD, E HARWICH, MA 02645
KAREN D. BRUETT
110 MOSLE RD, FAR HILLS, NJ 07931
KENNETH J. FERREIRA
46 MISTY COVE, HILTON HEAD ISL NC 29928
PAUL V. FERREIRA
342 CARTWRIGHT RD, WELLESLEY, MA 02482
MAX D. HOPPER
9 ROBLEDO DR, DALLAS, TX 75230
JAMES D. MCGRAW
244 BRATTLE ST, CAMBRIDGE, MA 02138
DONALD R. SOHN
1025 HALD ST, BEVERLY FARMS, MA 01915
E.B. WILSON
34 STRAWBERRY LANE, N CHATHAM, MA 02650

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The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133.

William Francis Galvin
Secretary of the
Commonwealth

March 10, 2004

TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office,

HMI, INC.

is a domestic corporation organized on **September 21, 1994**, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156B section 101 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin
Secretary of the Commonwealth