

F99000000915
TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: AMISTAD Contractors, Inc
(Name of corporation - must include suffix)

Dear Sir or Madam:

300002778183--7
-02/17/99--01059--001
*****70.00 *****70.00

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:

MARK S. Johnson
(Name of Person)
AMISAD Contractors, Inc.
(Firm/Company)
900 Bay Dr #42
(Address)
Niceville, FL 32578
(City/State/Zip)

Should you need to call someone concerning this matter, please call:

MARK Johnson at (850) 897-9099
(Name of Person) (Area Code & Daytime Telephone Number)

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DIVISION OF CORPORATIONS
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mtm
2/17

STREET 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

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. AMISTAD CONTRACTORS, 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. TENNESSEE 3. 62-1763034
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/07/98 5. _____
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 900 Bay Dr #42 Niceville, FL 32578
(Current mailing address)

8. Construction
(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: MARK JOHNSON

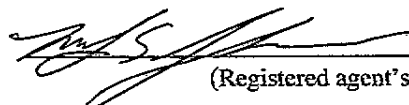
Office Address: 900 Bay Dr #42

Niceville, Florida, 32578
(Zip code)

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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 addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: MARK S. Johnson

Address: 900 Bay Dr #42
Niceville, FL 32578

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: MARK JOHNSON

Address: 900 Bay Dr #42
Niceville, FL 32578

Vice President: Lois G Johnson

Address: 205 High Cliff Dr
Hendersonville, TN 37075

Secretary: Lois G Johnson

Address: 205 High Cliff Dr
Hendersonville, TN 37075

Treasurer: MARK S Johnson

Address: 700 Bay Dr #42
Niceville, FL 32578

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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. MARK S. JOHNSON President
(Typed or printed name and capacity of person signing application)

Secretary of State
Corporations Section

James K. Polk Building, Suite 1800
Nashville, Tennessee 37243-0306

ISSUANCE DATE: 02/12/1999
REQUEST NUMBER: 99043111
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 12/02/1998
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0361426
JURISDICTION: TENNESSEE

TO:
MARK S. JOHNSON
205 HIGH CLIFF DR.
HENDERSONVILLE, TN 37075

REQUESTED BY:
MARK S. JOHNSON
205 HIGH CLIFF DR.
HENDERSONVILLE, TN 37075

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"AMISTAD CONTRACTORS, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF
INCORPORATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE
EXISTENCE OF THE CORPORATION HAVE BEEN PAID;
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

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DIVISION OF REVENUE
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FOR: REQUEST FOR CERTIFICATE

ON DATE: 02/12/99

FROM:
MARK S. JOHNSON
100HIGH CLIFF

HENDERSONVILLE, TN 37075-9758

	FEE	
RECEIVED:	\$20.00	\$0.00
TOTAL PAYMENT RECEIVED:		\$20.00

RECEIPT NUMBER: 00002433566
ACCOUNT NUMBER: 00284722

Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE

