

F 01000000242

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PACIFIC TALL SHIPS COMPANY
(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:

400003538614--9

-01/16/01--01/17--001
*****70.00 *****70.00

ROBIN K. CHANDA

(Name of Person)

PACIFIC TALL SHIPS CO.

(Firm/Company)

W01-483

P.O. Box 669

F-1-242

(Address)

LEMONT, IL 60439

(City/State and Zip code)

For further information concerning this matter, please call:

ROBIN CHANDA

(Name of Person)

at (630) 739-0947

(Area Code & Daytime Telephone Number)

FAX (630) 739-4455

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

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PACIFIC TALL SHIPS Co.
(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:

ROBIN K. CHANDA
(Name of Person)
PACIFIC TALL SHIPS Co.
(Firm/Company)
P. O. Box 669
(Address)
LEMONT, IL 60439
(City/State and Zip code)

For further information concerning this matter, please call:

ROBIN CHANDA at (630) 739-0947
(Name of Person) (Area Code & Daytime Telephone Number)

ATTN: LEE RIVERS

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
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Mr. Rivers,
The signed applications will arrive from Mr. Egan on 1/12/00 via Fed Express.
(HOPEFULLY)



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

January 8, 2001

ROBIN K. CHANDA
PACIFIC TALL SHIPS CO.
PO BOX 669
LEMONT, IL 60439

SUBJECT: PACIFIC TALL SHIPS CO.
Ref. Number: W01000000483

We have received your document for PACIFIC TALL SHIPS CO., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$70.00.

Because the corporation must be filed under its name exactly as it appears on your certificate from Illinois, we have corrected line 1.

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

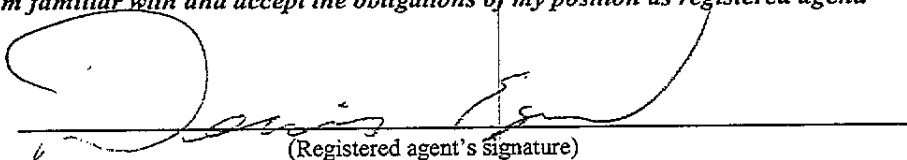
If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers
Document Specialist

Letter Number: 601A00000955

**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. PACIFIC TALL SHIPS CO.
(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. ILLINOIS, USA 3. 36-4073039
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. MARCH 20, 1996 5. PERPETUAL
(Date of incorporation) (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. 106 STEPHEN STREET LEMONT, IL 60439
(Principal office address)
P.O. BOX 669 LEMONT, IL 60439
(Current mailing address)
8. SALE OF MODEL SHIPS, NAUTICLE ITEMS & CIGARS
(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: DENNIS EGAN
Office Address: 6109 CEZANNE
LUTZ, Florida 33549
(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: DENNIS H. EGAN
Address: P.O. Box 669 - BLUFF RD (no street number)
LEMONT, IL 60439

Vice Chairman: _____

Address: _____

Director: DENNIS H. EGAN

Address: P.O. Box 669 - BLUFF RD
LEMONT, IL 60439

Director: _____

Address: _____

B. OFFICERS

President: DENNIS H. EGAN (SOLE OFFICER)
Address: P.O. Box 352 BLUFF ROAD
LEMONT, IL 60439

Vice President: _____

Address: _____

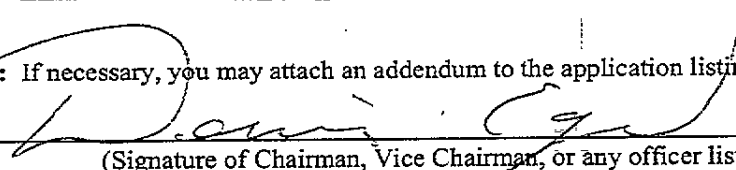
Secretary: _____

Address: _____

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. DENNIS EGAN, PRESIDENT
(Typed or printed name and capacity of person signing application)

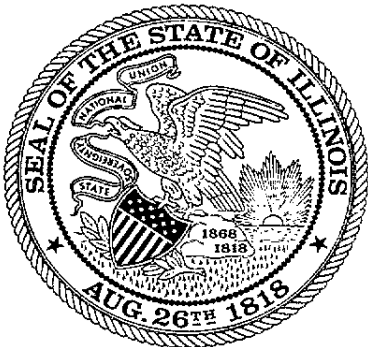
File Number 5877-309-3



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

PACIFIC TALL SHIPS CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE MARCH 20, 1996, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE FILING OF ANNUAL REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS*****



In Testimony Whereof, I, hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 3RD *day of* JANUARY *A.D.* 2001

Jesse White

SECRETARY OF STATE