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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SIN RO 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:

ROBERT F. SINCLAIR
(Name of Person)
PO BOX 9350
(Firm/Company)
TREASURE ISLAND
(Address)
FLORIDA 33740
(City/State and Zip code)

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*****87.50 *****87.50

For further information concerning this matter, please call:

ROBERT F. SINCLAIR at (727) 367-3184 (FAX) 727-360-0834
(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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. SIN RO, 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. MISSOURI 3. 43-1906147
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11/1/00 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. _____
(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.)
"UPON QUALIFICATION"
7. 5705 B. 62ND AVE NORTH ST PETERSBURG, FL. 33781-6001
(Principal office address)

(Current mailing address)
8. MARINE BOAT SALES & SERVICES PURCHASES & REPAIRS
(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: ROBERT F. SINCLAIR
Office Address: 500 TREASURE ISLAND CAUSEWAY #511
TREASURE ISLAND, Florida FL. 33706
(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.

Robert F. Sinclair (Resident)

(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.

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TALLAHASSEE FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: ROBERT F. SINCLAIR

Address: 500 TREASURE ISLAND ~~BLVD~~ CAUSEWAY # 501
TREASURE ISLAND, FL. 33706

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: SAME

Address: _____

B. OFFICERS

President: SAME

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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TALLAHASSEE, FLORIDA

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

13. Robert F. Sinclair (Chairman)
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. ROBERT F. SINCLAIR PRESIDENT
(Typed or printed name and capacity of person signing application)

No. 00489563

STATE OF MISSOURI



Matt Blunt
Secretary of State

01 MAY -4 PM 1:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION DIVISION


CERTIFICATE OF CORPORATE GOOD STANDING

I, MATT BLUNT, Secretary of State of the State of Missouri,
do hereby certify that the records in my office and in my
care and custody reveal that

SIN RO, INC.

was incorporated under the laws of this State on the 1st
day of NOVEMBER, 2000, and is in good standing, having fully
complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my
hand and imprinted the GREAT SEAL of
the State of Missouri, on this, the
29th day of MARCH, 2001.


Secretary of State

