Successive Nax	000004096
Address	
City/State/Zip	Phone #
CORPORATION NAME(S)	Office Use Only TOS DOCUMENT NUMBER(S), (if known):
1. Kahunaul (Corporation Name)	(Document #)
2. (Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
4. (Corporation Name) Walk in Pick up	timeCertified Copy
Mail out Will w	ait Photocopy Certificate of Status
<u>NEW FILINGS</u>	AMENDMENTS Q & M
Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/QUALIFICATION
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUALIFICATION 400045123649 Foreign -08/02/01-01003-016 Limited Partnership *****87.50 *****87.50 Reinstatement : Trademark Other
CR2E031(7/97)	Examiner's initials

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIAN REGISTER A F	NCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	
1. Kar	nunaville of Tampa, Inc.	-
(Name of con	DOTATION: Trust include the word "INCOPPOR A TERM (GO) OF A TERM (GO)	
words or abbr	reviations of like import in language as will clearly indicate that it is a corporation instead of a Thing or partnership if not so contained in the contained	
natural person	n or partnership if not so contained in the name at present.)	
2D e	claware 3 52-2105-307 Fig = 0	
(State or count		
	(A DI Limitori, il appricable)	
	12/98 s. ocroehal ====================================	
	2/98 Sate of incorporation) 5. Duration: Year corp. will cease to exist or "perpetual")	: <u>-</u> -
6u	Por Qual: Fration	- - -
(Date first trans	nsacted 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 Inter		
	mational Plaza 2223 Northwest Shore Blud. TAMPA, PL 3360 (Principal office address)	75
500 5	South Madison St. #200 Interington, DE 19801	
	(Current mailing address)	
	·	
8 Rest	row ant	
Purpose	e(s) of corporation authorized in home state or country to be carried out in state of Florida)	1_ :
9. Name and <u>sa</u>	treet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	
	(1.0. Box of Mail Drop Box NOT acceptable)	
Name:	Shutts and Bowen LP	
	300 South Orange Ave #1000 P.O.Box 4956	
	Orlando , Florida 3282-4956. (City) (Zip code)	:
	(City) (7in gods)	
0. Registered a	agent's acceptance:	
Having been nan	med as repistered paper and to account assistant	
lesignated in this	is application, I hereby accept the appointment as registered agent and agree to act in this capacity. I comply with the provisions of all statutes relative to the	
urther agree to o	comply with the provisions of all statutes relative to the proper and complete performance of my	
luties, and I am j	familiar with and accept the obligations of my position as registered agent.	
	The state of the s	
	All to the transfer of the second of the sec	٠
_	- WILLIAM SIM YILSON	
	(Registered agent's signature)	•
I. Attached is a	certificate of aviatorica duly and and	

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.

A. DIRECTORS	\sim \sim \sim					THE SECTION	2 = 1
						是创	
Address:						700	为后
							讯王
Address:			- · · · · · · · · · · · · · · · · · · ·	_ _		·	· · · · · · · · · · · · · · · · · · ·
					- : ·		
Director:			<u></u>				
Address:				<u></u> <u></u>			
	<u> </u>			-			
Director:		····					
					•		
resident:	iid Z. Tuttle	eman.			·	<u></u> <u></u>	
resident: Dav	160 Oak VO	λ.	.=.·.		s.		-
ddress: 5	Imington, DE	19801			····	<u> </u>	-
ddress: 5	Imington DE	19801					-
ddress: 5	Imington DE	19801					
ddress: S ice President: ddress:	Imington DE	19801					
ddress: S ice President: ddress:	Imington DE	19801					
ice President: ddress: ddress: ddress:	Imington DE	19801					
ice President: ddress: ddress: ddress: ddress:	Imington DE	19801					
ice President: ddress: ddress: ddress:	Imington DE	19801					
ddress: ddress: ddress: ddress: ddress:	Twington, DE	19801					
ddress: ddress: ceretary: ddress: ddress: coretary: ddress:	Imington DE Imington DE	19801	plication list	ing addition	al officers an	d/or directors.	
ddress: ddress: ceretary: ddress: ddress: coretary: ddress:	Iming ton DE Iming ton DE , you have attach an add nature of Chairman, Vice	endum to the ap	plication list	ing addition	al officers an	d/or directors.	

State of Delaware Office of the Secretary of State

PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KAHUNAVILLE OF TAMPA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF JULY, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KAHUNAVILLE OF TAMPA, INC." WAS INCORPORATED ON THE SECOND DAY OF JUNE, 2.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES .

Darriet Smith Windson, Secretary of State

AUTHENTICATION: 1262044

DATE: 07-25-01

2903525 8300

010357700