

ACCOUNT NO. : 072100000032	
REFERENCE : 556078 43196	660 <u>4 05</u> 9
AUTHORIZATION :	力學自己
COST LIMIT : \$ 70.00	symmet or the
ORDER DATE: September 20, 2001	TO S. O.
ORDER TIME : 12:15 PM	Den E
ORDER NO. : 556078-115	
CUSTOMER NO: 4319660	<u> </u>
CUSTOMER: Mark G. Mccreary, Esq Fox Rothschild O'brien & 2000 Market Street, 10th Floor	CH CCT I CH CCT I SELARIAS VISION OF I
Philadelphia, PA 191033291	
FOREIGN FILINGS	TORIDA TATLATE
NAME: AMERICAN LONG LINES, INC.	
RILE CECOND	
XXXX QUALIFICATION (TYPE: <u>CO</u>)	004638395
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	
CHRITITICATE OF GOOD STANDING	
CONTACT PERSON: Deborah Schroder EXT# 1118	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

		9
IN COMPLIAN	CE WITH SECTION 607.1503, FLORID	A STATUTES, THE FOLLOWING IS SUBMITTED TO CT BUSINESS IN THE STATE OF FLORIDA.
REGISTER A F	OREIGN CORPORATION TO TRANSAC	CT BUSINESS IN THE STATE OF FLORIDA.
		THE STATE OF TECHNISH.
	ONG LINES, INC.	
(Name of corp	poration; must include the word "INCORPOR	ATED", "COMPANY", "CORPORATION" or early indicate that it is a corporation instead of a
WOIGS OF AUDIT	eviations of like import in language as will cle	early indicate that it is a corporation instead of a
natural person	or partnership if not so contained in the name	e at present.)
Pennsylvan		3, 233089727
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)
	• /	(1 22 namout, if applicable)
	02, 2001	5. Perpetual
(Da	ate of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
		berpetual)
Upon Quali:		الله المنظم
(Date first trans	sacted business in Florida. If corporation has	not transacted business in Florida, insert "upon qualification.")
	(SEE SECTIONS 607.1:	501, 607.1502 and 817.155, F.S.)
410 HORSHAI	M ROAD	,
HORSHAM, P.		
	(Principal office a	address)
		
BROAD-TET.	(Current mailing a	iddress)
corporation	EPHONE MARKETING To engage in a ons_may be organized.	my act or activity for which
	one may be organized.	
	(s) of corneration outhorized in the	
(* #*P000	e(s) of corporation authorized in home state or	country to be carried out in state of Florida)
Name and st	reet address of Florida ragistared again	4. (B.O. B 14.33 B. B
/	cest dudices of Piorida registered agen	at: (P.O. Box or Mail Drop Box NOT acceptable)
Name:	Corporation Service Company	
ranic.		
ffice Address:	1201 Hays Street	
moc Addicss:	mays sereet	
	Woll-bears	
	Tallahassee	, Florida 32301
	(City)	(Zip code)
		, 1
 Registered a 	agent's acceptance:	
aving been nai	ned as registered agent and to accept se	rvice of process for the above stated corporation at the place
signated in thi	s application, I hereby accept the appoin	ntment as registered agent and agree to act in this capacity.
rther agree to	comply with the provisions of all statuta	is relative to the proper and complete performance of my
ties, and I am	familiar with and accept the obligations	s retuite to the proper and complete performance of my
,	Jammar wan and accept the obligations	of my position as registered agent.
!	Corporation Service Company	
	^ -	
	The Value of Qa	
_	BY: AUMO NAME	
	(Registered agent's	signature)
L	aura Dunlap, Assistant Vice Presi	ident
. Attached is a	certificate of existence duly authenticate	ed, not more than 90 days prior to delivery of this application to

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: See attached officers/directors rider	200 9
Address:	
	0
Vice Chairman:	P.S. S.
Address:	20° A CO
	· · · · · · · · · · · · · · · · · · ·
Director:	
Address:	
Nime at a constant	 -
Director:	
Address:	
B. OFFICERS	
resident: See attached officers/directors rider	
ddress:	
ddress:	
ddress:	
ecretary:	
ddress:	
reasurer:	
ddress:	
OTE: If necessary, you may attach an addendum to the application listing add	itional officers and/or directors.
3. At C	
(Signature of Chairman, Vice Chairman, or any officer listed in a	number 12 of the application)
DOUGLAS W. DERSTINE, President	

OFFICERS/DIRECTORS RIDER

List of Officers

DOUGLAS W. DERSTINE Title: PRESIDENT Name:

Bus. Addr.: 410 HORSHAM ROAD, HORSHAM, PA 19044

Title: SECRETARY DOUGLAS W. DERSTINE Name:

Bus. Addr.: 410 HORSHAM ROAD, HORSHAM, PA 19044

Title: TREASURER DOUGLAS W. DERSTINE Name:

Bus. Addr.: 410 HORSHAM ROAD, HORSHAM, PA 19044

List of Directors
Name: DOUGLAS W. DERSTINE Bus. Addr.: 410 HORSHAM ROAD, HORSHAM, PA 19044

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

OCTOBER 03, 2001

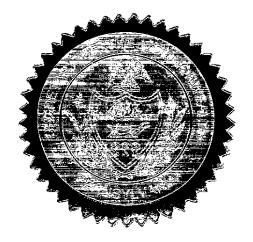


TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

AMERICAN LONG LINES, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

JSOW