

# F020000004537

TO: Registration Section  
Division of Corporations

SUBJECT: Crescent Cruise Lines, Inc. 9/4 FOR CORP  
(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:

Thomas J. Leslie 200007518572--6  
(Name of Person) -09/04/02--01063--004  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Crescent Cruise Lines Inc.  
(Firm/Company)

40 Maple Grove Drive  
(Address)

Pittsfield MA 01201  
(City/State and Zip code)

For further information concerning this matter, please call:

Thomas J. Leslie at (413) 443-2696  
(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

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

FILED  
02 SEP -4 AM 8:50  
TALLAHASSEE FLORIDA

**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. Crescent Cruise Lines, 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. New York State 3. 14-1777922  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. Dec. 27 1994 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. 1 Terminal Road, Halfmoon NY 12065  
(Principal office address)  
PO Box 4263, Halfmoon NY 12065  
(Current mailing address)
8. Marine Services  
(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: Thomas J. Leslie  
Office Address: 3200 NE 36 St. #920  
Ft Lauderdale, Florida 33308  
(City) (Zip code)

**FILED**  
02 SEP -4 AM 8:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Thomas J. Leslie

Address: 40 Maple Grove Drive  
Pittsfield MA 01201

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Christine Leslie

Address: 40 Maple Grove Drive  
Pittsfield MA 01201

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: Thomas J. Leslie

Address: 40 Maple Grove Drive  
Pittsfield MA 01201

Vice President: Christine Leslie

Address: 40 Maple Grove Drive  
Pittsfield MA 01201

Secretary: Christine Leslie

Address: 40 Maple Grove Drive Pittsfield MA 01201

Treasurer: Thomas J. Leslie

Address: 40 Maple Grove Drive Pittsfield MA 01201

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

13. Christine Leslie

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Christine Leslie Vice-President

(Typed or printed name and capacity of person signing application)

**State of New York** } ss:  
**Department of State**

I hereby certify, that the Certificate of Incorporation of CRESCENT CRUISE LINES, INC. was filed on 12/27/1994, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

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*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 22nd day of August  
two thousand and two.*

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