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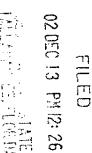
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## TRANSMITTAL LETTER

TO:

Registration Section

Division of Corporations DISASTER MANAGEMENT SYSTEMS (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: MANASEMENT SYSTEMS (Firm/Company) 9/7/68 (City/State and Zip code) For further information concerning this matter, please call: (Name of Person) at (909) 594.9596 (Area Code & Daytime Telephone Number) **MAILING ADDRESS:** STREET ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations 409 E. Gaines St. P.O. Box 6327 Tallahassee, FL 32399 Tallahassee, FL 32314 Enclosed is a check for the following amount: \$87.50 Filing Fee, □ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & □ \$70.00 Filing Fee Certificate of Status Certificate of Status & Certified Copy 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. DISASTER MANASEMENT SYSTEMS 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. STATE of CALIFORNIA 3. 95-4834/295
(State or country under the law of which it is incorporated) (FEI number, if applicable) 4. 12-07-2000 5. DERDITUAL OUTSIDE (Duration: Year corp. will cease to exist or "perpetual") 6. Upon gualification
(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. 2651 Pomona Bluo, Pomona, CA. 91768

(Principal office address)

2651 Pomona Bluo, Pomona, CA. 91768

(Current mailing address) 8. ENSAGE IN ANY LAWFUL ACT OR ACTIVITY FOR Whick A CORPORATION MAY BE DESAW:

(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) Office Address: 4460 Legendary DR. SUID 180

BB DESTIN, , Florida 32541-5380

(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: KENNETH W. DRT12
Address: 15027 VIA 755000
chino Hills, CA, 91709 909-243-7971
Vice Chairman: Dennis W. ORTIZ
Address: 23879 CREEKWOOD DP.
marino Valley, CA 92557 909-247-9347
Director:
Address:
Director:
Address:
B. OFFICERS
President:
Address:
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)
14KENNETH W. ORTIZ-
(Typed or printed name and capacity of person signing application)