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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

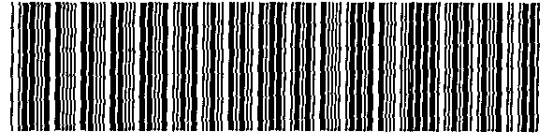
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COASTAL SURVEYS 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:

KRISTA HANSON
(Name of Person)

COASTAL SURVEYS INC
(Firm/Company)

P O BOX 205
(Address)

COFFEEVILLE AL 36524
(City/State and Zip code)

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For further information concerning this matter, please call:

KRISTA HANSON at (251) 276 0098
(Name of Person) (Area Code & Daytime Telephone Number)

OR 305-296-81

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

**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. COASTAL SURVEYS 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. DELAWARE 510375849
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. MAY 28, 1996 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. P.O. BOX 205 COFFEEVILLE AL 36524
(Principal office address)

P.O. BOX 205 COFFEEVILLE AL 36524
(Current mailing address)

8. MARINE SURVEY AND OTHER ACTIVITIES PERMITTED BY LAW
(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: JOE GANT

Office Address: 507 N. ARNOLD RD

PANAMA CITY BEACH — Florida 32413
(City) (Zip code)

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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.

Joe Gant
(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: KRISTA C HANSON

Address: 1601 LOUISE AV
PANAMA CITY FL 32401

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: KRISTA C HANSON

Address: 1601 LOUISE AV
PANAMA CITY FL 32401

Vice President: KRISTA C HANSON

Address: 1601 LOUISE AV
PANAMA CITY FL

Secretary: KRISTA C HANSON

Address: 1601 LOUISE AV P.C. FL

Treasurer: KRISTA C HANSON

Address: 1601 LOUISE AV PANAMA CITY FL

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

13. Krista C Hanson President
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. KRISTA C HANSON
(Typed or printed name and capacity of person signing application)

Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COASTAL SURVEYS 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 THIRTY-FIRST DAY OF JULY, A.D. 2003.

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DIVISION OF CORPORATIONS
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Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 2579115

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DATE: 08-12-03