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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies

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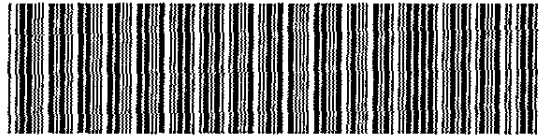
Certificates of Status

1

Special Instructions to Filing Officer:

3/22 FPC
Alternate name
W04-8607

Office Use Only



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02/20/04--01015--003 **87.50

MJH

FILED
MAR 22 11:10:29
FBI - JAXA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ISLAND MARINE SERVICES, 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:

DOUGLAS G. WALKER, PRESIDENT

(Name of Person)

ISLAND MARINE SERVICES, INC.

(Firm/Company)

422 FLEMING STREET

(Address)

KEY WEST, FLORIDA 33040

(City/State and Zip code)

For further information concerning this matter, please call:

ELEANOR LYNN WILKINS, VP

(Name of Person)

at (305) 296-4087

(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:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input checked="" type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|---|--|---|--|



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 2, 2004

DOUGLAS G. WALKER, PRESIDENT
ISLAND MARINE SERVICES, INC.
422 FLEMING STREET
KEY WEST, FL 33040

SUBJECT: ISLAND MARINE SERVICES, INC.
Ref. Number: W04000008607

We have received your document for ISLAND MARINE SERVICES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 404A00014023

**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. ISLAND MARINE SERVICES, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

ISLAND MARINE SERVICES OF KEY WEST, INCORPORATED

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. MARYLAND

(State or country under the law of which it is incorporated)

3. 23-2863850

(FEI number, if applicable)

4. August 30, 1996

(Date of incorporation)

5. PERPETUAL

(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. c/o KEY WEST BUSINESS CENTER, INC., 422 FLEMING STREET, KEY WEST, FL 33040

(Principal office address)

c/o KEY WEST BUSINESS CENTER, INC., 422 FLEMING STREET, KEY WEST, FL 33040

(Current mailing address)

8. ACQUIRING AND RENTAL OF REAL ESTATE AND ASSOCIATED BUSINESSES

(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: **ELEANOR LYNN WILKINS, Vice President**

Office Address: **c/o KEY WEST BUSINESS CENTER, 422 FLEMING ST.**

KEY WEST

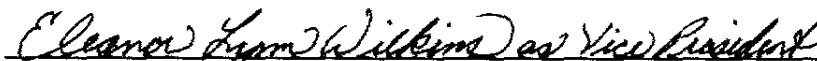
(City)

, Florida **33040**

(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:

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04 MAR 22 AM 10:29
TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: DOUGLAS G. WALKER

Address: c/o KEY WEST BUSINESS CENTER, INC.

422 FLEMING STREET, KEY WEST, FL 33040

Vice President: ELEANOR LYNN WILKINS

Address: c/o KEY WEST BUSINESS CENTER, INC.

422 FLEMING STREET, KEY WEST, FL. 33040

Secretary: LINDA A. WALKER

Address: c/o KEY WEST BUSINESS CENTER, INC., 422 FLEMING STREET, KEY WEST, FL 33040

Treasurer: NATHANIAL B. BURT

Address: c/o KEY WEST BUSINESS CENTER, INC., 422 FLEMING STREET, KEY WEST, FL 33040

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

13. *Eleanor Lynn Wilkins, Vice President*
(Signature of Director or Officer listed in number 12 of the application)

14. ELEANOR LYNN WILKINS
(Typed or printed name and capacity of person signing application)

STATE OF MARYLAND
Department of Assessments and Taxation

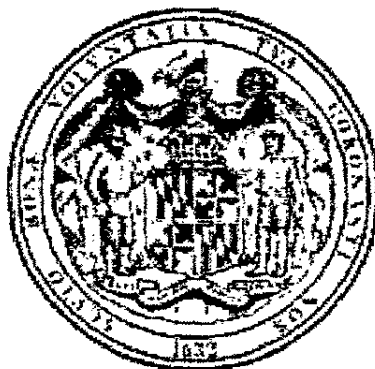
I, PAUL ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT ISLAND MARINE SERVICES, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS FEBRUARY 17, 2004.



Paul B. Anderson
Charter Division



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097