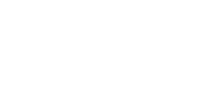
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### **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: CLIRE Disaster Service 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:
Lisa Bongi
(Name of Person)
CURE Disaster Service Inc.
(Firm/Company)
3925 Ridgemont Dr.
(Address)
Malibu CA 90265
(City/State and Zip code)  ALC 8  AR TI
For further information concerning this matter, please call:
Lisa Bongi at (310, 317-0215 = 3 0
(Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$\ \text{S78.75 Filing Fee & }\ \text{\$87.50 Filing Fee, }\ \text{Certificate of Status & Certified Copy} \text{Certified Copy} \text{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. CURE DISASTER SENTUINC
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") CURE DISASTER SERVICE
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (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 NOT acceptable) Corporation Service Company Name: Office Address:

#### 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 áddresses of officers and/or directors:

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OTE: If necessary, you may attach an addendum to the application  3. (Signature of Director or Officer listed in num				=		. 4

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



Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

# CERTIFICATE OF EXISTENCE/AUTHORIZATION OF CURE DISASTER SERVICE INC.

I FURTHER CERTIFY that the records on file in this office show that the above named Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 1/17/2002.

I FURTHER CERTIFY that as of the date of this certificate, CURE DISASTER SERVICE INC. remains active and has complied with the filing requirements of this office.

Date: March 30, 2006

UBI: 602-175-751

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State