TO: QUALIFICATION/REGISTRATION SECTION DIMSION OF CORPORATIONS

COURIER ADDRESS:

Division of Corporations

Tallahassee, FL 32399

409 E. Gaines St.

Qualification/Registration Sec.

SUBJECT: Beth'S TOY RENTALS, INC.

Dear Sir or Madam:			
The enclosed "Application to to foreign corporation to t	of Existence", and che	oration for Authorization to eck are submitted to register orida.	Transact Business in the above referenced
Please return all corresp	pondence concerning t	his matter to the following:	
<u>B</u>	Name of Person) (Name of Person) (Ath'S Tor RENT (Firm/Company) (Address) (Address) (Address) (Address) (Address)	ZIZ COCONUT D	N13/22
		this matter, please call: 07) 724 - 1181 . a Code & DaytimeTelephone Numb	SECRETARY OF SOUNDSIDE SECRETARY OF S
COURIER AF	DDRESS:	MAILING ADDRESS:	

Qualification/Registration Sec.

Division of Corporations

Tallahassee, FL 32314

P. O. Box 6327

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. Beth'S TOY KENTALS, TWO (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 partnership if not so contained in the name at present.)
2. DELAWARE (Sam or country under the law of which it is incorporated) (FEI number, if applicable)
4. Nov 16, 1993 (Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual") (Duration: Year corp. will cease to exist or "perpetual") (Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)
6. (Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)
7. 212 COCONUT DR Tudialantic FL 32903 (Current mailing address)
8. Thuy Lawfulactoractivity forwhich Corporations may be organized (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) under the heneral Corporation Law of Delaware.
9. Name and street address of Florida registered agent:
Name: Simon SAINSIBUIET
Office Address:
Indialantic , Florida, 32903 (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. (Recisitefed 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. N	lames and addresses	Of Othical 2 Birdson and capital
۹.	DIRECTORS	
	Chairman:	HUA YANG - SAINSMINEY
	Address:	212 Cocomust DK
	. -	THOINGHAM FL 32403
	Vice Chairr	nan:
	Address: _	
	_	
	Director:	SIMON SAINSBURY
	Address: _	217 COCONUT DR
	_	TNDIALANTIC FL 32903
	Director:	
	Address: _	
•	OFFICERS	
	President	HUA YANG SAINSBURY
	Address: _	ZIZ COCONUT DR
•	_	INDIALANTIC FL 32903
	Vice Presid	dent
	Address: _	
	_	SIMON SAINSBURY
	Address	217 COCONUT DR

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

SIMON SAINSBUKY

INDIALANTIC FL 32903

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

14. Simon SAINS BURY DIR, SECTTREAS.

Typed or printed name and capacity of person signing application)

State of Delaware Office of the Secretary of State

95 ICR 22 PF 1:2



Edward J. Freel, Secretary of State

AUTHENTICATION

DATE