1900001553 TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION DIVISION OF CORPORATIONS

400001444404 -03/31/95--01005--007 *****78.75 *****78.75

SUBJECT: Gillian S. Progranded

(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:

Sylvanus P. Baker III

(Name of Person)

2745 Bay Street Gillians, Inc. Market Concerning the Street Concerning the

Should you need to call someone concerning this matter, please call:

VAN BAKEr at (813) 953-3083.
(Name of Person) Area Code & Daytime Telephone Number

COURIER ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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:

2. Delaware (State or country under the law of which it is incorporated) 3. 51-0300167 (FEI number, if applicab)	hel
4. May 1987 (Date of Incorporation) 5. Perpetual." (Duration: Year corp. will cease to ex	95. DIA.
6. (Date first transacted business in Florida. (See sections 807.1501, 807.1502, and 817.155, F.S.)	dist or "perpendial 10000
7	RY OF STA
(Current mailing address) 8Restauraut	Tions
(Purpose(s) of corporation authorized in home state or country to be carried out in the s 9. Name and street address of Florida registered agent:	state of Florida)
Name: Sylvanus P. Baker III. Office Address: 2745 Bay St.	
Sarasota 7. Florida,, Florida,	34237 (Zip Code)
O. Registered agent's acceptance: faving been named as registered agent and to accept service of process for orporation at the place designated in this application, I hereby accept the egistered agent and agree to act in this capacity. I further agree to comply very statutes relative to the proper and complete performance of my duties, with and accept the obligations of my position as registered agent.	e appointment as

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 addresses of officers' and/or directors:

A.	. '	D	RE	CT	OR	S

4	Chairman:	Sylvanus P. BAKOT III
		2745 Bay Street
	Vice Chairm	SAVASOTA 71- 34237 Bn: Christopher M. Nec
	Adoless	2745 Bay Street
	Director:	Sarasota, 71 34237
	Address:	
	Director:	
OFFIC	ERS	
	President:	Sylvanus P. Baker II
		2745 BAY St.
	the state of the s	Sarasuta 71. 34237
	Vice Presider	nt: Christopher M Nee
	Address:	
i.		SAMSOTA 71 34237
	Secretary: _	Sylvanus P. BAKETD
	Address:	2745 BAY SL
	an e an tropical de la companya de La companya de la co	SAVASOTA 78. 34237
		Christopher M Nee
		2745 Bay St.
		Samsota 7. 34237

N g additional officers ar

SYLVANUS P. BAKER III, President (Typed or printed name and capacity of person signing application)

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GILLIGAN'S, 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 SIXTEENTH DAY OF FEBRUARY, A.D. 1995.

ARY, A.D. 1995.

Edward J. Freel, Secretary of State

AUTHENTICATION:

7410446

DATE:

02-16-95

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