F9500005734

TO: Qualification/Tax Lien Section Division of Corporations

-10/20/95--01087--001 +****70.00 *****70.00

SUBJECT: CHESIPERKE BEACH JET SKI RENTRLS 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:

MILDRED REESE (Name of Person)	95 CC
(Firm/Company)	<mark></mark>
P. O. Box 969 (Address)	
LONG KEY FL. 33001 (City/State/Zip)	23

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

MILDRED REESE	at (305) 664-47	740
(Name of Person)	(Area Code & Daytime Telephone I	Number)

COURIER ADDRESS:

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

MAILING ADDRESS:

Qualification/Tax Lien Section 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:

1. CHESPPEAKE BEACH TET	SKI RENTALS, INC.			
1. CHESAPEAKE BEACH TET SKI RENTALS, 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. IN PRULIPATS (State or country under the law of which it is incorporated)	3. <u>52-1926197</u> (FEI number, if applicable)			
4. MP4 10, 1995 (Date of Incorporation)	5. PERPETUBL.			
	/			
6. PUCUST 6 1995 (Date first transacted business in Florida. (SEE SECTIONS	607.1501, 607.1502, AND 817.155, F.S.)			
7. P.O. Box 969				
LONG KEY FL, 3300/ (Current mailing address)				
8. <u>JET SKT RENTIPLS</u> (Purpose(s) of corporation authorized in home state or country Florida)	to be carried out in the state of			
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT accentable)				
Name: MILDRED REESA	1 0CT			
Office Address: MILE MARKER 68.	20 m			
LAYTON, LONG KEY, FL.	, Florida , 3300/			
10. Registered agent's acceptance:	(Zip Code)			
Name: MILDRED REESE Office Address: MILE MRRKER 68.5 LRYSON LONG KEY, FL., Florida, 3300/ (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 certific e of existence duly authenticated, not more than 90 days prior to delivery of this apply ation to the Department of State, by the Secretary of State or other official having cust y of corporate records in the jurisdiction under the law of which it is				

incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable) A. DIRECTORS (Street address unly- P. O. Box NOT acceptable) Chairman: Address: _ Vice Chairman: Address: _____ Director: _______ Address: ______ Director: ___ Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: ROBERT A. TATE Address: NILE MARKER 68,5 LAYTON, LANG KEY FL. 33001 Vice President: MILDRED REESE Address: MILLE PIRRKER 68.5 LAYTON LONG KEY, FL. 33001 Secretary: Address: ___ Treasurer: Address: _____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. MILDRED REESE VICE DRESIDENT
(Typed or printed name and capacity of person signing application)

STATE OF MARYLAND

384926

STATE DEPARTMENT OF ASSESSMENTS AND TAXATION

301 West Preston Street Baltimore, Maryland 21201

I, LEAH HAMM-CURRY OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT SAID DEPARTMENT, BY THE LAWS OF SAID STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATE CHARTERS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE; AND I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT CHESAPEAKE BEACH JET SKI RENTALS, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND SAID CORPORATION HAS FILED 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 THE STATE OF MARYLAND.



IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE THIS 21ST DAY OF AUGUST, 1995.

> ÃMM-CURRY OFFICE SUPERVISOR/