To: Qualification/Tax Lien Section Division of Corporations | Columbia | Col

Division of Corporations

(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:

BOB TEEKS	W96-5630
(Name of Person)	
C.I.S. Dream Cruises inc.	_
(Firm/Company)	
3607 Ventura Drive East	95 APR SECTED
(Address)	
Lakeland FL 33811	III
(City/State/Zip)	- As 3 17 1
	17
Should you need to call someone concerning this matter, please call:	5709
BOB Teets at (941) 644	5709 9838
(Name of Person) (Area Code & Daytime Telepi	

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





March 14, 1996

BOB TEETS C.I.S. DREAM CRUISES INC. 3607 VENTURA DR., E. LAKELAND, FL 33811

SUBJECT: C.I.S. DREAM CRUISES INCORPORATED Ref. Number: W96000005630

We have received your document for C.I.S. DREAM CRUISES INCORPORATED and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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 (904) 487-6093.

Freta Lott Corporate Specialist Supervisor

Letter Number: 496A00011596

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT PUSINESS IN FLORUPA

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. C.I.S. Dream Cruises INCORPORATED
(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. Delevare (State or country under the law of which it is incorporated) 3. 59-3345783 (FEI number, if applicable)
4. 10/13/95 5. To BE Determined (Duration: Year corp. will cease to exist or "perpetual")
6. (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
7. 3607 Ventura Drive East
Lakeland FL 33811
8. Sale of Cruise Uccations (Purpose(s) of corporation authorized in home state or country to be carried out in the state of
Pionda)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: BOB TEETS
Office Address: 3607 Ventura Dr East
Lakeland, Florida, 33811 (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.

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.

(Registered agent's signature)

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable) A. DIRECTORS (Street address only- P. O . Box NOT acceptable) Teets 3607 Ventura Dr. East Lakeland FL 35811 Address: Vice Chairman: Yvonna M. Benedict Lakeland FL 33811 Address: 3607 ventura Dr. East Director: Address: ____ Director: _ Address: ____ B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: ___ Ventura Drive East Address: Vice President: Address: Tects Secretary: _ Drive East 33811 Treasurer: 3607 ventura Dr. East Lakeland FL 33811 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors ature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Chairman

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

State of Delaware Office of the Secretary of State

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SECTELARY OF SIGNATURE FLORIDA



Edward J. Freel, Secretary of State

AUTHENTICATION:

Committee of the Commit

DATE:

San Carlotte