F-9600000004104

TO: Qualification/Γax Lien Section Division of Corporations

SUBJECT: CORPLEASE SAFETY! HEALTH CONSULTANTS 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:

MF. Joysefit ANASTASIO

(Name of Person)

Corporate Safety: HEALTH Consultants, INC. MS 1919

(Firm/Company)

125 MAIDEN LANE
(Address)

NEW YORK, NEW YORK 10038

(City/State/Zip)

(City/State/Zip)

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

MR. TOSE PH ANASTOSIO at (Z12) 709-8600 (Name of Person) (Area Code & Daytime Telephone Number)

²COURIER 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. CORPORATE SAFETY! HEALTH CONSULTANTS 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.)
(Name of corporation: must include the word "INCORPORATISD", "COMPANY", "CORPORATION" of 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.)
12 22 00 UTO
2. NEW YORK 3. 13-3278458 (State or country under the law of which it is incorporated) (Fill number, if applicable)
(State of country under the law of which it is incorporated) (1921 thattoet, it applicable)
1 7/2/95
4. 7/2/85 (Date of Incorporation) 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")
6. JULY 19, 1996 95 INVISE
6.
(Date that transacted business in Florida, (See Sections 607.1301, 607.1302, AND 617.133, Fla.)
7. CORPORATE SAFETY ! HEALTH CONSULTANTS MUS PET
125 MADIEN LAND, NEW YORK, NY 10038 = 25
135 MADIEN LANE, NEW YORK NY 10038 TO STATE OF THE STATE
10
8. SAFETY CONSULTANTS (IN IN) (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
•
Name: RICHARD ANDREE
Office Address: 3535 CEDAR MOUNTAIN AUE,
MELBOURNE, Florida, 32734 (Zin 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

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)

 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) Chairman: Address: Vice Chairman: Address: Director: Address: Director: Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: OVAL Address: Vice President: Secretary: WILLIAM Address: 08820 Jersey WVELL Treasurer: Address: 11574 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) (Typed or printed name and capacity of person signing application)

State of New York **Department of State**

I hereby certify, that the certificate of incorporation of CORPORATE SAFETY & HEALTH CONSULTANTS, INC. was filed on 07/02/1985, under the name of LOVELL SAFETY AND HEALTH MANAGEMENT CONSULTANTS, INC., with perpetual duration, and that I have made a diligent examination of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, I find no such certificate, order or record, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

A Certificate of Amendment LOVELL SAFETY AND HEALTH MANAGEMENT CONSULTANTS, INC., changing name to SAFETY & HEALTH MANAGEMENT CONSULTANTS, INC., was filed 02/25/1986.

A Certificate of Amendment SAFETY & HEALTH MANAGEMENT CONSULTANTS, INC., changing name to SAFETY & HEALTH CONSULTANTS, INC., was filed 07/16/1992.

A Certificate of Amendment SAFETY & HEALTH CONSULTANTS, INC., was filed 04/05/1994

IOThe Statement of Addresses and Directors is past due.

> litness my hand and the official seal the Department of State at the Circu of Albany, this 30th day of July one thousand nine hundred and

alexander F. Treachoell

Secretary of State

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