# F98000000583

| To: Qualification/Tax Lien Section   |
|--|
| Division of Corporations   |
| SUBJECT: Reautifications by Barbard Land Juc.  (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:  |
| Barbara Scan Toppul (Name of Person)   |
| (Name of Person) $\omega$  |
| Browthecations by Boltons kon Inc  |
|  |
| (Address)  |
| Foca Bayon, 11. 33438  |
| (City/State/Zip)  OOOOO24175101  -01/30/9801084-006  -01/30/9801084-78-75  |
| Should you need to call someone concerning this matter, please call:   |
| Barbay Sear 1200 at (561) 440-9484   |
| (Name of Person) (Area Code & Daytime Telephone Number)  |
|  |

### **COURIER ADDRESS:**

Qualification/Tax Lien Section 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. (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.) (State or country under the law of which it is incorporated) in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) Current mailing address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Office Address: Florida, 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 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. Name      | es and addresses of officers and/or directors: (Ciregi address ONLY - P.O. Box NOT acceptable)            |                                       |
|---------------|---|---------------------------------------|
| A. DIREC      | CTORS (Street address only - P.O. Box NOT acceptable)   |                                       |
| Chairman:     | - Mr. Barbaur Jean Topper   |                                       |
| Address:      | 10663 S. 2084 KOLO  |                                       |
| 11001000      | Cara Raton FT. 33428  |                                       |
|               |   |                                       |
|               | irman:  |                                       |
| Address: _    |   |                                       |
| _             |   | <del></del>                           |
| Director:     |   |                                       |
| Address:      |   | <del></del>                           |
|               |   |                                       |
| Dimentan      |   |                                       |
|               |   | <del> </del>                          |
| Address:      | 98  | <u> </u>                              |
| P OFFI        | ICERS (Street address only - P.O. Box NOT acceptable)   | SECR                                  |
|               |   | 77                                    |
| President:    |   |                                       |
| Address:      |   |                                       |
|               | Boca Baton, Pt. 33438   | · · ·                                 |
| Vice Presi    | sident;   | ······                                |
| Address:      |   |                                       |
| •             |   |                                       |
|               |   |                                       |
| _             | <u> </u>  | <del></del>                           |
| Address:      |   | <del></del>                           |
|               |   |                                       |
| Treasurer:    | r:  |                                       |
| Address:      |   |                                       |
|               |   |                                       |
| NOTE:         | If necessary, you may attach an addendum to the application listing additional officers and/or directors. |                                       |
| $\mathcal{L}$ |   |                                       |
| 13.           | (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)             | · · · · · · · · · · · · · · · · · · · |
| 1.4           | Barbara Jean Tapper   |                                       |

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

# STATE OF MARYLAND

600104

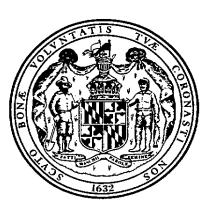
# STATE DEPARTMENT OF ASSESSMENTS AND TAXATION

301 West Preston Street Baltimore, Maryland 21201

I, NANCY GRUENINGER 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 THE RIGHT OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE; AND I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

#### I FURTHER CERTIFY THAT

ACCORDING TO THE RECORDS OF THIS DEPARTMENT BEAUTIFICATIONS BY BARBARA JEAN, INC. FILED ARTICLES OF INCORPORATION WHICH WERE RECEIVED AND APPROVED FOR RECORD IN THIS DEPARTMENT ON JANUARY 3, 1986.



IN WITNESS WHEREOF, I HAVE HEREUNTO SET HAND AND AFFIXED THE SEAL OF THE STATE

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 JANUARY, 1998.

NANCY GRUENINGER ADMINISTRATIVE OFFICER

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