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TO: Qualification/Tax Lien Section Division of Corporations

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SUBJECT: __General Offshore Specialized Services, 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:

Cindy Cercone

(Name of Person)

General Offshore Specialized Services; Inc.

(Firm/Company)

2605 Stirling Road

(Address)

Ft. Lauderdale, FL 33312

(City/State/Zip)

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

Cindy Cercone/Roger P. Mitchell
(Name of Person)

at (954) 989-2188 Ext 204/211 (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 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.	General Offshore Specialized Services, Inc.		
	(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" words or abbreviations of like import in language as will clearly indicate that it is a corporation instead natural person or partnership if not so contained in the name at present.)	or of a	
2.			
	(State or country under the law of which it is incorporated) (FEI number, if applica	ble)	
4.	February 10, 1998 5. Perpetual		
	(Date of Incorporation) (Duration: Year corp. will cease to exis	it or	
6	March 1, 1998		
Ο.	(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)		
7.	P.O. Box 21726	98 M	SEC
		- U	
	Ft. Lauderdale, FL 33335	က်	7 A
	(Current mailing address)		중우
8.	To engage in any lawful activity for which a corporation may be orga	co nage	NATE OF TAIL
	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida	1)0	S
9.	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box acceptable)	<u>TON</u>	
	Name: Roger P. Mitchell		
	Office Address: 2605 Stirling Road		
	Ft. Lauderdale 33312, Florida, 33312		
10	. Registered agent's acceptance: (Zip Code)		-

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.	Names and addresses of officers as NOT acceptable)	d/or directors	: (Street address	ONLY- P. O. Box
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A.	DIRECTORS	(Street address	only-P. (O . Box	NOT a	(cceptable
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Chairman:	Charles W. Gattas
Address: _	2605 Stirling Road Ft. Lauderdale, FL 33312
- Vice Chair	man:
Director: _	David A. Hughes
Address: _	2605 Stirling Road Ft. Lauderdale FL 33312
	98 MAR - 5
_	
	ERS (Street address only- P. O. Box NOT acceptable)
Vice Presid	Ment: _Roger P. Mitchell
Address: _	2605 Stirling Road, Ft. Lauderdale, FL 33312
Secretary:	
Treasurer:	
Address:	
NOTE: If officers an	necessary, you may attach an addendum to the application listing additional d/or directors.
13. (Sig	mature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14	Roger P. Mitchell, Vice President of Operations (Typed or printed name and capacity of person signing application)

State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GENERAL OFFSHORE SPECIALIZED SERVICES 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 TWENTY-FOURTH DAY OF FEBRUARY, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

DIVISION OF CORPORATIONS

98 MAR -5 AM 8: 50



Edward J. Freel, Secretary of State

AUTHENTICATION:

8937262

DATE:

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