

TRANSMITTAL LETTER

TO: QUALIFICATION/REGISTRATION SECTION
DIVISION OF CORPORATIONS

F98000002578

SUBJECT: FLOREP, INC.
(Name of corporation)

Dear Sir or Madam:

700002513047--0
-05/06/98--01043--001
*****70.00 *****70.00

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:

THOMAS C. ROBERGE
(Name of Person)

THOMAS C. ROBERGE & COMPANY
(Firm/Company)

ONE BEACH DRIVE SE, SUITE 220
(Address)

ST. PETERSBURG, FLORIDA 33701
(City, State and Zip Code)

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

THOMAS C. ROBERGE at (813 - 822-9393)
(Name of Person) Area Code & Daytime Telephone Number

COURIER ADDRESS:

Qualification/Registration Sec.
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Registration Sec.
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN
THE STATE OF FLORIDA:

1. FLOREP, 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. CANADA 3. 98-0184043
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 5/30/96 5. PERPETUAL
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 6/1/98
(Date first transacted business in Florida. (See sections 607.1501, 607.1502 and 817.155, F.S.)

7. C/O THOMAS C. ROBERGE
ONE BEACH DRIVE SE, SUITE 220, ST. PETERSBURG, FLORIDA 33701
(Current mailing address)

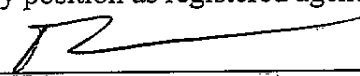
8. INVESTMENT REAL ESTATE
(Purpose(s) of corporation authorized in home state or country to be carried out in the State of Florida)

9. Name and address of Florida registered agent:

Name: THOMAS C. ROBERGE
Office Address: ONE BEACH DRIVE SE, SUITE 220
ST. PETERSBURG, Florida, 33701
(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 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.

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12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: GARY SCHEICHL
Address: C/O THOMAS C. ROBERGE, ONE BEACH DR. SE, STE 220
ST. PETERSBURG, FLORIDA 33701
Vice Chairman: SIGI SCHEICHL
Address: C/O THOMAS C. ROBERGE, ONE BEACH DR. SE, STE 220
ST. PETERSBURG, FLORIDA 33701
Director: _____
Address: C/O THOMAS C. ROBERGE, ONE BEACH DR. SE, STE 220
ST. PETERSBURG, FLORIDA 33701
Director: _____
Address: C/O THOMAS C. ROBERGE, ONE BEACH DR. SE, STE 220
ST. PETERSBURG, FLORIDA 33701

B. OFFICERS

President: GARY SCHEICHL
Address: C/O THOMAS C. ROBERGE, ONE BEACH DR. SE, STE 220
ST. PETERSBURG, FLORIDA 33701
Vice President: _____
Address: C/O THOMAS C. ROBERGE, ONE BEACH DR. SE, STE 220
ST. PETERSBURG, FLORIDA 33701
Secretary: _____
Address: C/O THOMAS C. ROBERGE, ONE BEACH DR. SE, STE 220
ST. PETERSBURG, FLORIDA 33701
Treasurer: _____
Address: C/O THOMAS C. ROBERGE, ONE BEACH DR. SE, STE 220
ST. PETERSBURG, FLORIDA 33701

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. ☒ _____

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

and/or directors.

14. GARY SCHEICHL, PRESIDENT

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

Request ID: 001462157
Demande n°:
Transaction ID: 9205577
Transaction n°:
Category ID: CT
Catégorie:

Province of Ontario
Province de l'Ontario
Ministry of Consumer and Commercial Relations
Ministère de la Consommation et du Commerce
Companies Branch
Direction des compagnies

Date Report Produced: 1998/04/20
Document produit le:
Time Report Produced: 12:15:27
Imprimé à:

Certificate of Status Certificat de Statut Documentaire

This is to certify that according to the
records of the companies branch

Je certifie par les présentes que, conformément
aux dossiers de la Direction des compagnies,

FLOREP INC.

Ontario Corporation No.

Numéro matricule de la personne morale en Ontario

001182399

is a corporation incorporated,
amalgamated or continued under
the laws of the Province of Ontario.

est constituée, fusionnée ou prorogée en vertu
des lois de la province de l'Ontario.

The corporation came into existence on

La personne morale a été fondée le

MAY 30 MAI, 1996

and has not been dissolved.

et n'a pas été dissoute.

Dated

Fait le

APRIL 20 AVRIL, 1998



Director
Directrice

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