

F98000003962
TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Barnes Insurance Services, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

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-12/11/97--01018--001
****131.25 ****131.25

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:

James T. Barnes, Jr.
(Name of Person)

W97-27728

Barnes Insurance Services, Inc
(Firm/Company)

323 N. Federal Hwy. - Suite "C"
(Address)

Boynton Beach, Florida 33435
(City/State/Zip)

307/13
98 JUL 13 PM 12:50
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

James T. Barnes, Jr. at (561) 732-6026
(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



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

December 11, 1997

JAMES T. BARNES, JR.
BARNES INSURANCE SERVICES, INC.
323 N. FEDERAL HWY., STE. C
BOYNTON BEACH, FL 33435

SUBJECT: BARNES INSURANCE SERVICES, INC.
Ref. Number: W97000027728

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DIVISION OF CORPORATIONS
98 JUL 13 PM 12:50

We have received your document for BARNES INSURANCE SERVICES, INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

You have submitted a certified copy certificate. What we require for our filing purposes is a certificate of existence or good standing.

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 (850) 487-6095.

Jennifer Sindt
Document Examiner

Letter Number: 497A00058405

**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. Barnes Insurance Services, 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. Delaware 3. 65-0791459
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 9-2-97 perpetual 98
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 8-1-98
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 323 N. Federal Highway - Suite "C" - Boynton Beach, FL 33435
(Current mailing address)

8. To Sell Insurance & related Products in Florida
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

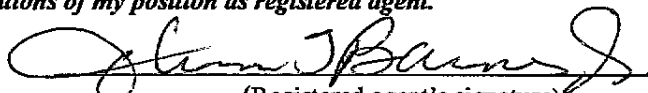
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: James T. Barnes, Jr.

Office Address: 323 N. Federal Hwy #C
Boynton Beach, Florida, 33435
(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.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
98 JUL 13 PM 12:50

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: James T. Barnes, Jr

Address: 8852 N. 154th Road

Palm Beach Gardens, FL 33418

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: James T. Barnes, Jr.

Address: 8852 N. 154th Road

Palm Beach, FL 33418

Vice President: Same As Above

Address: _____

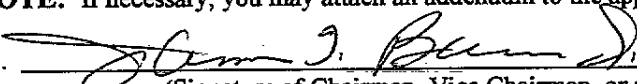
Secretary: Same As Above

Address: _____

Treasurer: Same As Above

Address: _____

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)

14. James T. Barnes, Jr.
(Typed or printed name and capacity of person signing application)

FILED
SECRETARY OF STATE
DIVISION OF REVENUE
98 JUL 13 PM 12:50

State of Delaware
Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BARNES INSURANCE 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 EIGHTH DAY OF JULY, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

FILED
SECRETARY OF STATE
DIVISION OF RECORDS
98 JUL 13 PM 12:50

2792277 8300

981264792



9184842
07-08-98

Edward J. Freel

Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE: