[990000073/

To: Qualification/Tax Lien Section Division of Corporations SUBJECT: HANDY SERVICE INCORPORATED (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: (Firm/Company) Avenue Should you need to call someone concerning this matter, please call: (Name of Person) (Area Code & Daytime Telephone Number) STREET ADDRESS: **MAILING ADDRESS:** Qualification/Tax Lien Section Qualification/Tax Lien Section Division of Corporations Division of Corporations 409 E. Gaines St. P.O. Box 6327 Tallahassee, FL 32399 Tallahassee, FL 32314 Enclosed is a check for the following amount: ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ▼ \$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status &

Certified Copy

Morris U.S.A. and Overseas Corp.

400 Avenue B, Melbourne Beach, FL 32951 USA • Since 1983 USA & World Wide (407) 725-4809/4869 • FAX (407) 725-7956 e-mail: wwsa@cape.net wwsa@gkte.net

February 4, 1999

DIVISION OF CORPORATIONS Qualification/Tax Lien Section 409 E. GAINES ST. TALLAHASSEE, FL 32399

Dear Sirs:

Enclosed you will find a Certificate of Registration for Handy Service, Inc. GROUP from the State of Nevada. Once you have reviewed this document for authenticity, would it be possible to keep the notarized copy for your files, and return the original to our office? If so, I have enclosed a pre-paid DHL Overnight Express Airbill for this purpose. We would like to begin doing business in the State of Florida as soon as possible, and require this original Certificate for certain bank transactions. Therefore, I would appreciate it if you could send the original back to us today, along with the approved Application by Foreign Corporation to Transact Business in Florida. If you have any questions or concerns, please call us at 407-725-4809.

I thank you in advance.

Sincerely,

Brad Carty

Director of Marketing

Please deliver decs

to arrive Monday, Red.

7,1999 if at all

possible. That you

Affidavit of Gary B. Lane, President of Handy Service, Incorporated

Pursuant to Florida Statue 607.1405, Section 4 (Effect of Dissolution)

Pursuant to Florida Statue 607.0120 (Filing Requirements)

I, Gary B. Lane, hereby certify that I am the President of Handy Service, Incorporated, a Florida Corporation. I also hereby certify that I am today dissolving the Florida corporation known as Handy Service, Incorporated, in order that another company of the same name may be certified as a Foreign Corporation (Nevada) doing business in the State of Florida. I further certify that I will not contest or try to rescind the dissolution of the Florida corporation known as Handy Service, Incorporated up to and including the point when the actual dissolution occurs. I certify that copies of this notarized affidavit will be faxed to the Florida Qualifications Department today, February 8, 1999.

Signed:

Gary B. Lane

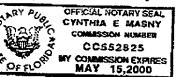
President

Handy Service, Incorporated

State of Florida, County of Brevard

The foregoing instrument was acknowledged before me this 8th day of February, 1999, by Gary B. Lane, President of Handy Service, Incorporated. The above named individual is personally known to me, and acknowledged before me that he executed that same freely and voluntarily for the purpose herein expressed and who produced Passport Number 156214242 as identification.

Notary Public -- Cynthia E. Masny



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.

	Y SERVICE INCORPORATED		·
words or abbrev	oration; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or viations of like import in language as will clearly indicate that it is a corporation instead of a partnership if not so contained in the name at present.)		-
2. NEVF	y under the law of which it is incorporated) 3. 76-0355607 (FEI number, if applicable)	•••	
4. <u>S</u> p. 2 (Dat	7 1989 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")	al")	
6. <u>BUSIN</u> (Date first	ESS TO BEGIN UPON RECEIPT OF FLORIDA AUTHORITHM transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	RIZ	ATION.
7	2035 DICKERSON, SPARKS, NV 89503		
	Clo Chuck Amidon (Current mailing address)		
(Purposet	EGAL ACTIVITIES (s) of corporation authorized in home state or country to be carried out in state of Florida)		
9. Name and str	reet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	ole)	
Name:	GARY B. LANE		-
Office Address:	400 AVENUE B	99	DIV.
	Melbourne Beach, Florida, 32951 (Zip code)) FEB -8	SECRETAR ISION OF C
10. Registered a	agent's acceptance:	PH	ED Y OF S ORPOR
this application, I with the provisions	ed as registered agent and to accept service of process for the above stated corporation at the p hereby accept the appointment as registered agent and agree to act in this capacity. I further s of all statutes relative to the proper and complete performance of my duties, and I am familio my position as registered agent.	agere i	to Comply
	Cay B. Sone		
	(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)

Chairman:	
Address:	S0- 11 1 1 . + C
Vice Chairman:	
Address:	
Director:	<u>.</u>
Address:	
Director:	
Address:	
B. OFFICERS (S	treet address only - P.O. Box NOT acceptable)
President:	
Address:	<u>in an annual an</u>
Vice President:	
	
1	
Address:	
Address:	
Address:	
Address: Treasurer: Address: NOTE: If necessary	

NAME: HANDY SERVICE INCORPORATED	· —	
FILE TYP/NR C 008427-1989 ST NEVADA STATUS: CURRENT LIST AS OF : 02-01- TYPE: REGULAR	INC ON SEP 27, 1989 FOR 199 NUMBER OF PAGES FILED:	PERPETU 3 CM
PURPOSE: ALL LEGAL ACTIVITIES	CAPITAL:	
PAR SHRS: PAR VAL:	\$.000 NR NO PAR SHRS:	2,50
RA NBR: 92811		
LIST OF OFFICERS FOR 98 - 99 FI	LED ON 02-01-99 REINSTATED	
RA CHUCK AMIDON	ACCEPTE	D 020
2035 DICKERSON	SPARKS NV 89	503
		110
PRES GARY B LANE	SPARKS NV 89	503
2035 DICKERSON	DPARKS 100	110
SECT GARY B LANE	SPARKS NV 89	
2035 DICKERSON	SPARKS NV 89	11(
TRES GARY B LANE	, TTT 00	
2035 DICKERSON	SPARKS NV 89	503: -
MORE OFFICERS ON LIST		

PF5=END INQ

CMD? PA1=MENU PF3=PAGE->

STATE OF NEVADA

SECRETARY OF STATE

CERTIFICATE OF REINSTATEMENT

I, DEAN HELLER, the duly elected Secretary of State of the State of Nevada, do hereby certify that HANDY SERVICE INCORPORATED a corporation formed under the laws of the State of NEVADA having paid all filling fees, licenses, penalties and costs, in accordance with the provisions of Title 7 of the Nevada Revised Statutes as amended, for the years and in the amounts as follows:

1995-1996	List of Officers + penalty	£400.00
		\$100.00
1996-1997	List of Officers + penalty	\$100.00
1997-1998	List of Officers + penalty	\$100.00
1998-1999	List of Officers + penalty	\$100.00
	RA acceptance + penalty	\$30.00
Reinstatement		\$50.00
total		\$480.00

and otherwise complied with the provisions of said section, the said corporation has been reinstated, and that by virtue of such reinstatement it is authorized to transact its business in the same manner as if the aforesaid filing fees, licenses, penalties and costs had been paid when due.

> IN WITNESS WHEREOF, I have hereunto settliny and affixed the Great Seal of State, at minotfice Carson City, Nevada, on February 1, 1999.

> > Secretary of State

Deputy

STATE OF FLORIDA

COUNTY OF BREVARD

On this 4th day of February, 1999, I attest that the preceding is a true, exact, complete and unaltered photocopy made by me of CERTIFICATE OF REINSTATEMENT presented to me by the document's custodian, Gary B. Lane, and to the best of my knowledge, that the photocopied document is neither a public record nor a publicly recordable document, certified copies of which are available from an official source other than a notary public.

Cynthia E. Masny

OFFICIAL NOTARY SEAL CANTHIA E WARNA COMMISSION NUMBER CC552825 NSSION EXPIRES 15,2000

