

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
1. MARKS, Dobbins & ASSOCIATES Insurance Agency, 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. New Jersey (State or country under the law of which it is incorporated) 3. 22-305(0449 (FEI number, if applicable)
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 6 22 90 5. Despetual (Duration: Year corp. will cease to exist or "perpetual")
6 Produce
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 1218 Clements Bridge Rd., P.O. Box 5002
Dept-ford, n) J. 08096 (Current mailing address)
(Current mailing address)
8. Insurance Agency (Purpose(s) of corporation authorized in home state or country to be carried out in state of Floridates. 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: Carcl J. Dobbiús Office Address: 1343 Rolling Ridge Rd.
Name: Carel J. Dobbios
Office Address: 1343 Rolling Ridge Rd.
Palm Harbor, Florida, 34683
(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) A. DIRECTORS (Street address only - P.O. Box NOT acceptable) Chairman: _ Address: _ Vice Chairman: Address: _ Director: Director: Address: 171 B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: Vice President: Address: Secretary: Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) (Typed or printed name and capacity of person signing application)



STATE OF NEW JERSEY DEPARTMENT OF TREASURY SHORT FORM STANDING

MARKS, DOBBINS & ASSOCIATES INSURANCE AGENCY, INC.

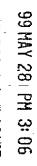
I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on June 22, 1990.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

> Richard P Console Jr 20000 Horizon Way Ste 250 Mount Laurel, NJ 08054

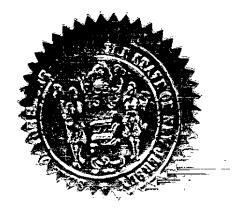
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STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

MARKS, DOBBINS & ASSOCIATES INSURANCE AGENCY, INC.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 22nd day of April, 1999

James le Di Efections J.

James A DiEleuterio, Jr. Treasurer SECRETARY DE STATE