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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

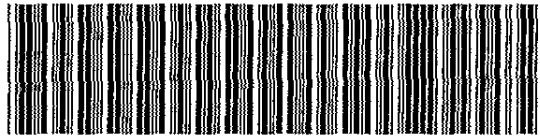
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DEPARTMENT OF REVENUE

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J.W. Cole Insurance 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:

ROBERT J. WOOD
(Name of Person)
J.W. Cole Insurance Services, Inc.
(Firm/Company)
3550 BUSHWOOD PARK DR., STE 135
(Address)
TAMPA, FL 33618
(City/State and Zip code)

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For further information concerning this matter, please call:

ROBERT J. WOOD at (813) 935-6776
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

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. J.W. COLE INSURANCE SERVICES, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. WYOMING 3. 65-1040717
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 9-21-2000 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 970 W. BROADWAY, STE. B JACKSON, WY 83001
(Principal office address)

3550 BUSCHWOOD PARK DR., STE 135 TAMPA, FL 33618
(Current mailing address)

8. ANY AND ALL LAWFUL BUSINESS
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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


Name: ROBERT J WOOD

Office Address: 3550 BUSCHWOOD PARK DR. STE 135

TAMPA, Florida 33618
(City) (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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: ROBERT J. WOOD

Address: 3550 BUSCHWOOD PARK DR., STE 135
TAMPA, FL 33618

Vice Chairman: SAME

Address: _____

Director: ROBERT J. WOOD

Address: 3550 BUSCHWOOD PARK DR., STE 135
TAMPA, FL 33618

Director: _____

Address: _____

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B. OFFICERS

President: ROBERT J. WOOD

Address: 3550 BUSCHWOOD PARK DR., STE 135
TAMPA, FL 33618

Vice President: SAME

Address: _____

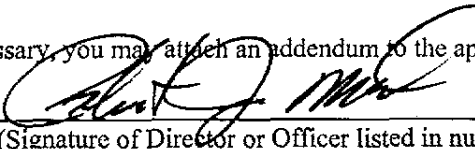
Secretary: SAME

Address: _____

Treasurer: SAME

Address: _____

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

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. ROBERT J. WOOD
(Typed or printed name and capacity of person signing application)

State of Wyoming

Office of the Secretary of State



United States of America, }
State of Wyoming } ss.

I, JOSEPH B. MEYER, Secretary of State of the State of Wyoming, do hereby certify that according to the records in the office of the Secretary of State of Wyoming, J.W. COLE INSURANCE SERVICES, INC. is a corporation organized under the laws of the State of Wyoming, whose date of incorporation is 09/21/2000 and whose period of duration is perpetual.

I FURTHER CERTIFY that this corporation has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and that Articles of Dissolution have not been filed, thus making the corporation in existence in the State of Wyoming.

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IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the
Great Seal of the State of Wyoming. Done at Cheyenne, the Capital, this
7th day of October A.D., 2003.



Joseph B. Meyer

Secretary of State

By *J. M.*
