

Document Number Only

F95000003871

DIVISION L CORPORATION

C T CORPORATION SYSTEM

Requestor's Name
660 East Jefferson Street

Address
Tallahassee, Florida 32301

City State Zip Phone
904-222-1092

CORPORATE CN(S) NAME

100001557441
-08/10/95--01014--029
*****70.00 *****70.00

Roasted International, Inc

- Profit
- NonProfit
- Limited Liability Company
- Foreign
- Limited Partnership
- Reinstatement
- Certified Copy
- Call When Ready
- Walk In
- Mail Out
- Amendment
- Discontinuation/Withdrawal
- Annual Report
- Reservation
- Photo Copies
- Call if Problem
- Will Wait
- Merger
- Mark
- Other
- Change of R.A.
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8-10-95

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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. Rountan International, Inc.
(Name of corporation: must include the word "INCORPORATED," "COMPANY," or "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
(State or country under the law of which it is incorporated)

3. February 24, 1995 4. Perpetual
(Date of Incorporation) (Duration)

5. 59-3296934
(Federal Employer Identification number, if applicable)

6. Upon Qualification
(Date first transacted business in Florida. See sections 607.1501, 607.1502, and 817.155, F.S.)

7. 48 Salvador Way, San Rafael, California 94903
(Current mailing address)

8. See attached purpose clause
(Brief description of the nature of the business in which it is engaged in the state of Florida)

9. Names and street addresses of officers and or directors:

A. Directors:

Chairman: See attached list of directors
Address: _____

Vice Chairman: See attached list of directors
Address: _____

Director: See attached list of directors
Address: _____

Director: _____
Address: _____

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DIVISION OF CORPORATIONS
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B. Officers:

President: See attached list of officers

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

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STATE OF FLORIDA

10. Name and Street address of Florida registered agent:

Name: C T Corporation System

Office Address: c/o C T Corporation System, 1200 South Pine Island Road

Plantation, Florida 33324

Zip Code

11. Registered agent's acceptance:

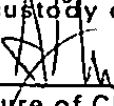
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative 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: C T Corporation System
Don Butler, Assistant Vice President

(Officer)


(Typed Name and Title of Officer)

12. 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.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)

14. Alistair Murray, President
(Name and capacity of person signing application)

Appendix to Florida
Application by Fgn. Corp. for Authorization to Transact Business in Florida

**Purpose Clause of
Ronstan International, Inc.**

To engage in the sale and manufacture of marine equipment, as well as to engage in all lawful businesses for which a corporation may qualify in the State of Florida.

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DIVISION OF CORPORATIONS
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RONSTAN INTERNATIONAL, INC.

LIST OF OFFICERS AND DIRECTORS

DIRECTORS

Phillip G. Billington
48 Salvador Way
San Rafael, CA 94903

David R. Evans
48 Salvador Way
San Rafael, CA 94903

David F. Whyte
1480 Parkway
Whiteley, Fareham
Hants, PO 15 7AF England

OFFICERS

Phillip G. Billington, Chairman
48 Salvador Way
San Rafael, CA 94903

Alistair Murray,
President, Treasurer and Secretary
48 Salvador Way
San Rafael, CA 94903

David F. Whyte
Vice President and Assistant Secretary
1480 Parkway
Whiteley, Fareham
Hants, PO 15 7AF England

Michael E. Blount, Assistant Secretary
55 E. Monroe St., Suite 4200
Chicago, IL 60603

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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 "RONSTAN INTERNATIONAL, 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 NINTH DAY OF AUGUST, A.D. 1995.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG 10 PM 2:26



Edward J. Freel

Edward J. Freel, Secretary of State

2483939 8300

950180559

AUTHENTICATION:

7603101

DATE:

08-09-95

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS **APPROVED AND FILED**

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996 OCT 24 PM 2: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F95000003871**

1 Corporation Name

RONSTAN INTERNATIONAL, INC.

Principal Place of Business

48 SALVADOR WY
SAN RAFAEL CA 94303

Mailing Address

48 SALVADOR WY
SAN RAFAEL CA 94303

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
State, Apt. #, etc.		State, Apt. #, etc.		08/10/1995	
City & State		City & State		5. FEI Number	
Zip		Country		59-3206934	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				SB 75: Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
DC	BILLINGTON, PHILIP G	48-SALVADOR WY 8521 MORNING SKYE WAY,	SAN RAFAEL-CA-94303 ANTELOPE. CA. 95843
D	EVANS, DAVID R	48-SALVADOR WY 8521 MORNING SKYE WAY,	SAN RAFAEL-CA-94303 ANTELOPE. CA. 95843
DVS	WHYTE, DAVID F	1400 PKWY WHITELEY, FAREHAM	HANTS, PO 15 7AF ENGLAND CA 949
PTS	MURRAY, AUSTAIR	48-SALVADOR WY 8521 MORNING SKYE	SAN RAFAEL-CA-94303 ANTELOPE. CA. 95843
S	BLOUNT, MICHAEL E	48-SALVADOR WY 8521 MORNING SKYE WAY,	SAN RAFAEL-CA-94303 ANTELOPE. CA. 95843

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		REINSTATEMENT	
Name		600001931136--5	
Street Address (P.O. Box Number is Not Accepted)		10/90/96--01114--012	
Suite, Apt. #, Etc.		***375.00 ***375.00	
City		State	Zip Code
		FL	

10. I, being appointed the registered agent of the above named corporation, do hereby accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Connie Bryan SPECIAL ASSISTANT SECRETARY Date: 10/21/96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Alistair Murray Date: October 4, 1996 916 7228644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: President Daytime Phone #