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P.O.B. 340686 —
TAMPA FC
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Trademark Other Office Use Only

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Examiner's Initials



April 4, 1996

TACTICAL ADVANTAGE PO BOX 340086 TAMPA, FL 33684

SUBJECT: TACTICAL ADVANTAGE INC

Ref. Number: W96000007300

We have received your document for TACTICAL ADVANTAGE INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

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 (904) 487-6094.

Doug Dickinson Document Specialist

Letter Number: 596A00015454

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:

TACTICAL ADVANTAGE INC.
(Name of corporation: must include the word "NCORPORATED", 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.) EMPLOYER TOWNIFICATION NUMBER CEIN 59 3350186
A PELMINATA
12/2/2 Ot COMIDA (Bitted district district to an acceleration)
4. 10/17/95 5. PERPETUAL (Data of Incorporation) 5. (Duration: Year corp. will cease to exist or "perpetual")
William Exercise UPON qualification & En
(Date first transacted business in Florida, (See sections 607,1801, 607,1802, end-617,185, F.50)
7. P.o. Bx 340086
TAMPA, FL 33694
(Current mailing address)
8. ANY LAW Ful Act OR ACTUITY FOR Which Corporations and BE (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) ORGANIZED
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) ORGANIZED
9. Name and street address of Florida registered agent Name: TMOTHY A. K. Ichowman Office Address: PDBDBBBBBB 4934 DEWEY ROSE CT TAMPA , Florida , 33098 33624 (Zip Code)
Tan(A Fiorida , 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: DIRECTORS Address: Vice Chairman: Address: _____ Director: __ Address: Director: _____ Address: _ В. **OFFICERS** President TIMOTHI A. KilchovmAN Vice President _____ Address: ___ Secretary: _____ Address: ______ Treasurer: __ Address: ____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or disectors. 13. (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 Delaware Office of the Secretary of State

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A.D. 1992

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Edward J. Freel. Secretary of State

AUTHENTICATION:

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DATE:

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