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	116-D Thomasville	e Road . Mount	Vernon Square	. Tallahassee, Flo	rida 32303	
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#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

October 16, 1998

CORPORATE ACCESS, INC.

SUBJECT: REVENGE MARINE INC.

Ref. Number: W98000023529

We have received your document for REVENGE MARINE INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

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 (850) 487-6097.

Michael Mays Document Specialist

Letter Number: 798A00051241

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

# RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned Linda D. Rizwick, do hereby certify (Name)
that this Resolution of the Board of Directors of Revenge Marine, Inc.
De acore (Corporate Name)
a corporation duly organized and existing under the laws of the State of Delauare & Samuel &
was duly adopted on October 1978.  Be it resolved, that Revenge Marine Toc.
organized and existing in the State of Delawage, hereby adopts the frame
RMI Industries, Inc. for use in Florida.
Dated: Oct. 22, 1998
Signature of either Chairman, Vide Chairman or any officer Use President
Linda D. Rizwick Type or print name

### 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.

2. DECA	WARE	3	77 - 3609 (	-84
(State or countr	WARE y under the law of which it is incorpora	ted)	(FEI number, if app	olicable)
4. 10-1	14-98 5. Its of incorporation)	,	PERPETUAL	
(D $\epsilon$	ite of incorporation)	(Duration: Y	ear corp. will cease to exist	tor "perpetual")
6	NONE YET st transacted business in Florida.) (SEE	······································		
(Date firs	st transacted business in Florida.) (SEE	SECTIONS 607.	1501, 607.1502 and 817.153	5, F.S.)
7.	2051 N. W.			98 N
<del>-</del>	MIAMI, I	EL 33	125	OCT CR
	(Carrent maili	ng address)		23
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8. Yurpose	ACHT SALES AND (s) of corporation authorized in home st	MANU	PACTURING	AM STA
(rurpose	(s) of corporation authorized in home st	ate or country to	be carried out in state of Flo	orida) : Ref
(rurpose	(s) of corporation authorized in home st reet address of Florida registered	ate or country to	be carried out in state of Flo	orida) : Ref
(rurpose	(s) of corporation authorized in home st	ate or country to	be carried out in state of Flo	orida) : Ref
(rucpose  9. Name and st	(s) of corporation authorized in home st reet address of Florida registered Paracorp Incorporated	ate or country to	be carried out in state of Flo	orida) : Ref
9. Name and st Name:	(s) of corporation authorized in home st rect address of Florida registered Paracorp Incorporated  1116-D Thomasville Road	ate or country to	be carried out in state of Floox or Mail Drop Box <u>NO</u>	orida) : Ref
9. Name and st Name:	(s) of corporation authorized in home st rect address of Florida registered Paracorp Incorporated  1116-D Thomasville Road	ate or country to	be carried out in state of Floox or Mail Drop Box <u>NO</u>	orida) : Ref
(Purpose 9. Name and st Name: Office Address:	rect address of Florida registered Paracorp Incorporated  1116-D Thomasville Road Tallahassee	ate or country to	be carried out in state of Flo	orida) : Ref
(Purpose 9. Name and st Name: Office Address:	(s) of corporation authorized in home st rect address of Florida registered Paracorp Incorporated  1116-D Thomasville Road	ate or country to	be carried out in state of Floox or Mail Drop Box <u>NO</u>	orida) : Ref
Purpose  9. Name and st  Name:  Office Address:  10. Registered:	rect address of Florida registered Paracorp Incorporated  1116-D Thomasville Road  Tallahassee  agent's acceptance;	ate or country to agent: (P.O. B	be carried out in state of Floor ox or Mail Drop Box NO  Torida, 32303 (Zip code)	orida) : All Solution of the place designated
(Purpose  9. Name and st  Name:  Office Address:  10. Registered:  Ilaving been namelis application, I	rect address of Florida registered Paracorp Incorporated  1116-D Thomasville Road  Tallahassee  agent's acceptance; ed as registered agent and to accept ser hereby accept the appointment as regis	ate or country to agent: (P.O. B  vice of process factored agent and	be carried out in state of Floor ox or Mail Drop Box NO  Slorida, 32303 (Zip code)  or the above stated corporations of the action this canacity	tion at the place designated
Purpose  9. Name and st  Name:  Office Address:  10. Registered:  Having been name this application, I with the provision.	rect address of Florida registered Paracorp Incorporated  1116-D Thomasville Road  Tallahassee  agent's acceptance;	ate or country to agent: (P.O. B  vice of process factored agent and	be carried out in state of Floor ox or Mail Drop Box NO  Slorida, 32303 (Zip code)  or the above stated corporations of the action this canacity	tion at the place designated
Purpose  9. Name and st  Name:  Office Address:  10. Registered:  Having been name this application, I with the provision.	rect address of Florida registered Paracorp Incorporated  1116-D Thomasville Road Tallahassee  agent's acceptance; ed as registered agent and to accept ser hereby accept the appointment as regists of all statutes relative to the proper an	ate or country to agent: (P.O. B  vice of process factored agent and	be carried out in state of Floor ox or Mail Drop Box NO  Slorida, 32303 (Zip code)  or the above stated corporations of the action this canacity	tion at the place designated

12. Names and addresses of officers and/or directors: (Street address ONLY - PO. Box NOT acceptable)

which it is incorporated.

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)	
Chairman: DON MITCHELL	
Address: L929 KENFIB DRIVE FAUS	
CHURCH, VA 22042	
Vice Chairman: WILLIAM C. ROBINSON	<del></del>
Address: 7711 3 JAMES TOWN AND.	
TULSA, OK 74136	
Director: TOM SCHROEDER	
Address: 1 LOS OLAS CIRCLE # 408	
Et LAUDERDALE, FL 33316	·
Director: JIM GARDINER	
Address: 2411 W0008108 DRIVE	
PT LAUDYNOALE 33312	
B. OFFICERS (Street address only - P.O. Box NOT acceptable)	
President: DON MITCHEL &	
Address: 6929 KENRIG DRIVE PAUS	1
CHURCH, VA 22042	<u>:</u> ]
Vice President: WILLIAM C. ROBINSON	<u> </u>
Address: 7711 S JAMESTOWN & FA	
TULSA, OK 74136	
Secretary:SAME	-
Address:	
Treasurer: LINDA RIZNICK	
Address: 1605 SW 15th TERRACE	
PT LAUDONDALY, PL 33312	
NOTE: If necessary, ou may attach an addendam to the application listing additional officers and/or directors.	-
13.	
(Signature of Charman, Vice Charman, or any officer listed in number 12 of the application)	.,—
14. VILLIAM C. ROBINSON (Typed or printed name and capacity of person signing application)	<u> </u>

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· DIDEAN	ORS (Street address only - P.O. Box NOT acceptable)
\ddress:	
Vice Chairm	on;
Address:	
	3COTT FLANDERS
Addiess:	10851 SW 2644 COURT
	PT. LAUDENDALE, PL 33328
Director:	
Address:	
B. OFFIC	ERS (Street address only - P.O. Box NOT acceptable)
President: _	
Address:	
Vice Preside	n{:
A 100 L (68)(06	
Address:	
Address:	
Address:	
Address:	
Address: Secretary: Address:	
Address: Secretary: Address: Treasurer:	
Address: Secretary: Address: Treasurer:	
Address:  Secretary:  Address:  Treasurer:  Address:	
Address:  Secretary:  Address:  Treasurer:  Address:	necessary, you may attach an addendum to the application listing additional officers and/or directors.

### State of Delaware

## Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "REVENGE MARINE, 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 FOURTEENTH DAY OF
OCTOBER, A.D. 1998.

AND I DO\_HEREBY FURTHER CERTIFY THAT THE SAID "REVENGE MARINE," INC. "-WAS\_INCORPORATED ON THE NINTH DAY OF OCTOBER, A.D. 1998.

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

SECRETARY OF STATE DIVISIONS

PAGE



Edward J. Freel, Secretary of State

AUTHENTICATION:

9354455

DATE:

10-14-98

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