PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				DA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS				FILED 01 AUG 22 PH 4: 36			
1. Corporat	JMENT tion Name B M	# P/O mintenance	905 Inc.	Par	Material A			,*	AUG 22 PH 4: RETARY OF STAT HASSEE: PLORE		na 8hu
_ `	Office Addre	ss .	3. Mailing Office	Address	1 1 1/2 0.			400	004555	364	T
- 2800 Suite, Apt. #,		Hard Lake Ur.	2800 Wa Suite, Apt. #, etc.	laterteral Lake Dr.				-08/24/0101062004 ***1950 75 ***1950 75			
								rporated or Qualified siness in Florida 7/24/86			
City & State City & State M.'d lothian, VA Mid				1.14 5. FEI Num							
23112	Country Zip			Country 6.				ATE OF STATUS DESIRED \$3.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent											
CT Corporation System											
	Street Address (P.O. Box Number is Not Acceptable) 1200 Sxxxxxx Pine Island Roxal Suite, Apt. #, Etc.										
	City Pla	ntation						State FL	Zip Code 33324		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent - Judy 777 ARCAD, ASST. SECY Date 8/21/01											
Signature of Registered Agent ARGAO, ASST. SECY, Date 8/21/01 REGISTERED AGENT MUST SIGN											CRZE00
REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)											
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip			
PCZ	Werner Lieberherr			2800 Waterford Lake Dr.				Midbethian, VA 23112			
S/VP	David C Pittinger			2000 waterford Lake Dr.				Midlothian, WA 23112			
	Andre	as Kueffe	21	2800 Waterford Lake Dr.			Midlothian, VA 23112				
ַלַ	Werner	Lieberher	- 21	2800 waterford take Dr.				Midlothian, VA 23712			
94/0	Helmut Hollauf			5309 Commonwealth Center PKmy				Midlothian, VA 23112			
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10. 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 now storething hall have the same legal effect as if made under eath											

David C. Pittinger

SIGNATURE:

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