

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS	
DOCUMENT # <b>P95000068369</b>				00 NOV 17 PM 1:23	
1. Corporation Name <b>GENCORP INT'L. INC.</b>					
Principal Place of Business <b>MARTIN CO. FLORIDA</b>			Mailing Address <b>BOX 2474 STUART FLA. 34995</b>		
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 <b>Aug. 31, 1995</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>650614603</b>	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 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		
<b>Pres</b>	<b>CRIS PERRY</b>	<b>955 So. US Hwy 1</b>	<b>STUART FLA. 34995</b>		
<b>TRES.</b>					
			<b>700003490767--8</b>		
			<b>-12/08/00--01006--011</b>		
			<b>****858.75 ****858.75</b>		
			<b>11/15/1</b>		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
<b>CRIS PERRY</b>			Name		
<b>955 So. US Hwy. 1</b>			Street Address (P.O. Box Number is Not Acceptable)		
<b>STUART FLA. 34995</b>			Suite, Apt. #, Etc.		
			City		
			State <b>FL</b> Zip Code		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.					
Signature of Registered Agent <b>CRIS PERRY</b>			Date <b>11-15-2000</b>		
REGISTERED AGENT MUST SIGN					
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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: <b>CRIS PERRY, Pres.</b> 11-15-2000 (561) 349-6205					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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Department of State  
Division Of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

To Whom It May Concern:

Please find enclosed application for reinstatement of GenCorp Int'l Incorporated. Enclosed check represents required filing fees. I respectfully request that the reinstatement fee be waived. No annual report notices were ever received at any current or previous addresses for this corporation. Your favorable consideration in this matter would be greatly appreciated.

Sincerely,

  
Chris Perry

Nov. 15, 2000