

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 AUG 15 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name
CASm, Inc.
F95000000590

2. Principal Office Address
5520 TECH CENTER DR.

3. Mailing Office Address
5520 TECH CENTER DR.

City & State
Co. Springs, Co

City & State
Co. SPRINGS, Co

Zip Country
80919 USA

Zip Country
80919 USA

REINSTATEMENT *02-07*

4. Date Incorporated or Qualified To Do Business in Florida
2/03/95

5. FEI Number
92-0134879

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Gerald Schwartz

Street Address (P.O. Box Number is Not Acceptable)
BUILDING M6-138

Suite, Apt. #, Etc.
ROOM 116

City
KENNEDY SPACE CENTER

State
FL

Zip Code
32899

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 *[Signature]* REGISTERED AGENT MUST SIGN

Date *7-31-03*

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
<i>Pres/ CEO</i>	<i>CAROL A. YARNALL</i>	<i>5520 TECH CENTER DR</i>	<i>Co-SPRINGS, Co 80919</i>
<i>VP</i>	<i>JOHN L. BAILY, JR</i>	<i>5520 TECH CENTER DR</i>	<i>Co. SPRINGS, Co 80919</i>

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *8/14/03* Date

719-531-9090 Daytime Phone #

CR2E081 (10/02)