

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
 KATHERINE HARRIS  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # J39804

1. Corporation Name

CAN-AM OF BREVARD INC.

Principal Place of Business

Mailing Address

~~6811 N. US #1~~  
~~COCOA FL 32927~~

~~6811 N. US #1~~  
~~COCOA FL 32927~~



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 8699 ASTRONAUT BLVD Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable 8699 ASTRONAUT BLVD Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 10/28/1986	
City & State CAPE CANAVERAL FL		City & State CAPE CANAVERAL FL		5. FEI Number 59-2734976	
Zip 32920		Country BREVARD		6. CERTIFICATE OF STATUS DESIRED <input 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTD	LAGGES, KYRIACO	<del>6811 N. US #1</del> 8699 ASTRONAUT BLVD	<del>COCOA FL</del> CAPE CANAVERAL FL
V	LAGGES, MARIANTHI	<del>6811 N. US #1</del> 8699 ASTRONAUT BLVD	<del>COCOA FL</del> CAPE CANAVERAL FL
SD	LAGGES, MARIANTHI	<del>6811 N. US #1</del> 8699 ASTRONAUT BLVD	<del>COCOA FL</del> CAPE CANAVERAL FL
			700003506517--9 -12/20/00--01007--011 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LAGGES, KYRIACOS <del>6811 N. US #1</del> 8699 ASTRONAUT BLVD <del>COCOA FL 32927</del> CAPE CANAVERAL FL 32920		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL 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	REGISTERED AGENT MUST SIGN	Date 11-22-00
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11. 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	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR KYRIACOS LAGGES	Date 11-22-00	Daytime Phone # (321) 783-9191
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November 22, 2000

Division of Corporations  
Annual Reports Section  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

Please find enclosed our company's check for \$150.00 to cover the annual corporation fee for 2000.

The reason for the late filing is that we did not receive the original report. This is the first report that we received to complete.

Based on the above reason, we ask for the penalties to be waived.

Thank you for your consideration.

Can-Am of Brevard, Inc.

