


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K66587			
1. Corporation Name Fabrication Analysis Construction Team, Inc. of Florida.			
2. Principal Office Address 1987 Trails End Road		3. Mailing Office Address same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Goodview, VA		City & State	
Zip 24095	Country	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida August 11, 1987		5. FEI Number 75-1990609	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		Applied For Not Applicable	
		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Donald Wilburn			
Street Address (P.O. Box Number is Not Acceptable) 3817 Eric Court			
Suite, Apt. #, Etc.			
City Lakeland		State FL	Zip Code 33813
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 <u>Donald Wilburn</u>		Date <u>May 6, 2003</u>	
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
Pres.	Vaughn Wilburn	1987 Trails End Road	Goodview, VA 24095
V.Pres.	Bill J. Wilburn	738 Asbury Lane	Troutville, VA 24175
Sec./ Treas.	Anne Wilburn	1987 Trails End Road	Goodview, VA 24095
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 accurate, and my signature shall have the same legal effect as if made under oath.			
SIGNATURE: <u>Anne Wilburn</u>		<u>May 8, 2003</u> (540)2977647	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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05/12/03--01104--005 **158.75

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