

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P01000045032

1. Corporation Name

PORT CANAVERAL MAINTENANCE &
FABRICATION, INC.

2. Principal Office Address

733 SNAPPER RD

Suite, Apt. #, etc.

3. Mailing Office Address

4505 PINE CONE PL

Suite, Apt. #, etc.

City & State

PORT CANAVERAL, FL

City & State

COCOA, FL

Zip

32920

Country

U.S.

Zip

32926

Country

U.S.

7. Name and Address of Current Registered Agent

Name

FREDERICK E. GATCHELL

Street Address (P.O. Box Number is Not Acceptable)

4505 PINE CONE PL

Suite, Apt. #, Etc.

City

COCOA FL 32926

REINSTATEMENT
CR2E081(12/05) 02-06

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

NONE

Applied For
 Not Applicable

6.

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

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

Date

5-30-06

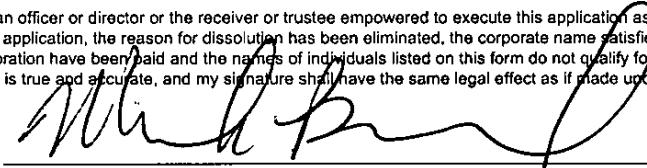
REGISTERED AGENT MUST SIGN

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
sec	MARK BEYEL	4505 PINE CONE PL	COCOA, FL 32926
VP	DANIEL BEYEL	4505 PINE CONE PL	COCOA, FL 32926
VP	JOSEPH BEYEL	4505 PINE CONE PL	COCOA, FL 32926

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 contained in Chapter 119, 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

5-30-06

Date

321-
632-2000
Daytime Phone #