PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY -7 AM 9 38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000067572**

1. Corporation Name

ROCKWELL REPAIRS, INC.

Principal Place of Business	Mailing Address
75C INDUSTRIAL ROAD BIG PINE KEY FL 33043	P.O. BOX 431748 BIG PINE KEY FL 33043

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 **07/01/2001**
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number **65-1117321** / Applied For / Not Applicable
City & State	City & State	
Zip / Country	Zip / Country	6. CERTIFICATE OF STATUS — $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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PVST	ROCKWELL, CLAYTON	P.O. BOX 431748	BIG PINE KEY FL 33043
		60001 1994826 05/07/03--01092--011 **158.75	
		60001 1994826 02/07/03--01081--010 **150.00	
	REINSTATEMENT 02-03 TS 4/17/02 90087 004 550⁰⁰		
		60001 1994826 03/07/03--01029--001 **50.00	

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MEYERS, MARY B 3201 FLAGLER AVE., STE. 506 KEY WEST FL 33040	Name Clayton Rockwell Street Address (P.O. Box Number is Not Acceptable) 75C Industrial Road Suite, Apt. #, Etc. City Big Pine Key State FL Zip Code 33043

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. or 617.0505, F.S.

Signature of Registered Agent _Clayton Rockwell_ SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN
Date **2/4/03**

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: _Clayton Rockwell_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **2/4/03**
Daytime Phone # (305) 872-4055

CR2E040 (8/02)