

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # PA3000062918
 1. Corporation Name
LINAC ENGINEERING, INC.

FILED
97 APR 18 PM 1:50
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1083 HARKSPUR LOOP
JACKSONVILLE, FL 32259

REINSTATEMENT 94-97

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 09/02/93	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3203706	
City & State		City & State		Applied For	
Zip		Country		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/S	SHAWN DICKENS	1083 HARKSPUR LOOP JACKSONVILLE, FL 32259	JACKSONVILLE / FL / 32259
V/T	GARY MURPHY	8971 SANDUSKY AVE. SOUTH	JACKSONVILLE / FL / 32216

300002152123-9
-04/23/97-01077-021
*****1253.75 ***1253.75**

[Signature]
04/22/97

8. Name and Address of Current Registered Agent

GARY MURPHY
8971 SANDUSKY AVENUE SOUTH,
JACKSONVILLE
FL 32216

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State / Zip Code
	FL

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 *[Signature]* REGISTERED AGENT MUST SIGN Date **04/11/97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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]* **GARY MURPHY** **04/11/97** **(904) 612-5361**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/96)