

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

96 DEC -2 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000070554

1. Corporation Name
WILLIAM WAILES AEROSPACE CORPORATION

Principal Place of Business
2015 OAK STREET
MELBOURNE BEACH FL 32951

Mailing Address
2015 OAK STREET
MELBOURNE BEACH FL 32951



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/11/1995	
City & State		City & State		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

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
D	WAILES, WILLIAM K	2015 OAK STREET	MELBOURNE BEACH FL 32951
D	WAILES, CHRISTY L	2015 OAK STREET	MELBOURNE BEACH FL 32951
			600002019126--2 -12/04/96--01040--012 ****375.00 ****375.00
			REINSTATEMENT 1996 D. Wailes 12-2-96

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
WAILES, CHRISTY L 2015 OAK STREET MELBOURNE BEACH FL 32951		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: Christy L. Wailes REGISTERED AGENT MUST SIGN Date: 11/20/96

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)(f), 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: Christy L. Wailes REGISTERED AGENT MUST SIGN Date: 11/20/96 Daytime Phone #: 678-4325
Christy L. Wailes