

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

FILED

97 SEP -5 AM 8:36

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT #** P95000090199

1. Corporation Name

Florida Aerospace Services Technologies, Inc.

Principal Place of Business

Mailing Address

2036 Mayport Road  
 Atlantic Beach  
 Florida 32233

Post Office Box 330689  
 Atlantic Beach  
 Florida 32233-0689

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

November 25, 1995

5. FEI Number

59-3358996

Applied For  
 Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$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/D	Robert A. Williams	2036 Mayport Road	Atlantic Beach, FL 32233
S	Donald G. Powell	1863 State Road 20	Hawthorne, Florida 32640
			4000002289114--3 -03/10/97--01057--007 ***\$15.00 ***\$15.00
			<b>REINSTATEMENT</b> 96-97
			30 9-9-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Robert A. Williams  
 2036 Mayport Road  
 Atlantic Beach, Florida 32233

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

REGISTERED AGENT MUST SIGN

Date August 29, 1997

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:

Robert A. Williams

August 29, 1997

904-247-4950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CPRE040 (12/96)