PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 DEC -7 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700004733237--7
-12/19/01--01051--026
****900.00 ****900.00

DOCUMENT # P96000070364

1. Corporation Name

Custom Propulsion Systems, Inc.
2900 Phoenix Av.
Jacksonville, FL 32206

2. Principal Office Address		**3.** Mailing Office Address	
same as above		same as above	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
n/a		n/a	
City & State		City & State	
same as above		same as above	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 8-26-96

5. FEI Number: 59-3396085 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: John C. Rose, Jr.

Street Address (P.O. Box Number is Not Acceptable): 4030 Mustang Rd.

REINSTATEMENT 12-01

Suite, Apt. #, Etc.:

City: Melbourne | State: FL | Zip Code: 32934

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 12-6-01

REGISTERED AGENT MUST SIGN

CR2E031 (9/00)

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
Pres.	John C. Rose, Jr.	4030 Mustang Rd.	Melbourne, FL 32934
CB	John C. Rose, Sr.	3978 Utopia	Clarklake, MI 49234
Sec.	Dorothy Rose	3978 Utopia	Clarklake, MI 49234
Tres.	Nancy Rose	4030 Mustang Rd.	Melbourne, FL 32934

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 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: _____ 12-6-01 (904) 354-8233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #