

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
02 DEC 30 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 898000010559

1. Corporation Name
CRANE AEROSPACE, INC.

2. Principal Office Address
6360 DANNER DRIVE

3. Mailing Office Address
6360 DANNER DRIVE

REINSTATEMENT 02

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SARASOTA FLORIDA

City & State
SARASOTA FLORIDA

4. Date Incorporated or Qualified
To Do Business in Florida 03 FEB, 1998

5. FEI Number
65-0810163

Applied For
Not Applicable

Zip Country
34240 USA

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34240 USA

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

7. Name and Address of Current Registered Agent

Name
STANLEY W. GARRISON

Street Address (P.O. Box Number is Not Acceptable)
6360 DANNER DRIVE

400009743094
12/30/02--01077--028 **750.00

Suite, Apt. #, Etc.

City
SARASOTA

State Zip Code
FL 34240

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 Stanley W. Garrison PRESIDENT
REGISTERED AGENT MUST SIGN

Date 12/26/02

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
DPAS	STANLEY W. GARRISON	6360 DANNER DRIVE	SARASOTA / FL / 34240
T	STANLEY W. GARRISON	6360 DANNER DRIVE	SARASOTA / FL / 34240
DYS	WILLIAM R GARRISON, JR	6360 DANNER DRIVE	SARASOTA / FL / 34240
AT	WILLIAM R GARRISON, JR	6360 DANNER DRIVE	SARASOTA / FL / 34240

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: Stanley Garrison STANLEY GARRISON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12/26/02 (941) 343-0058
Daytime Phone #

CR2001 (2/01)

gr 112