

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 18 AM 11:05

**DOCUMENT # P99000042314**

1. Corporation Name

CAPE CANAVERAL MANAGEMENT, INC.

800004657808--6  
-10/29/01--01080--013  
\*\*\*\*900.00 \*\*\*\*900.00

2. Principal Office Address

7244 JACARANDA LANE

Suite, Apt. #, etc.

3. Mailing Office Address

7244 JACARANDA LANE

Suite, Apt. #, etc.

City & State

MIAMI LAKES, FL

Zip

33014

Country

USA

City & State

MIAMI LAKES, FL

Zip

33014

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

05/10/99

5. FEI Number

65-0921972

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

POUL JENSEN

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

7244 JACARANDA LANE

Suite, Apt. #, Etc.

City

MIAMI LAKES

State

FL

Zip Code

33014

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 X

REGISTERED AGENT MUST SIGN

Date X 10/15-2001

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
P/V/D	JENSEN, POUL	7244 JACARANDA LANE	MIAMI LAKES, FL 33014
S/T/D	KRAGELUND, LARS	603 SOUTH 4th STREET	CAPE CANAVERAL, FL 32931

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 10/15-2001

Date

(305) 374-5115

Daytime Phone #

CR2E081 (9/00)