

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED

03 APR 29 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S79904

1. Corporation Name

LAUNCH COAST SERVICE, INC.

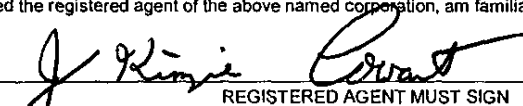
REINSTATEMENT 02-03

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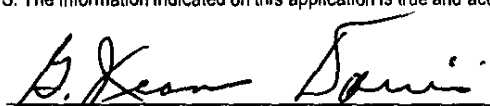
2. Principal Office Address		3. Mailing Office Address	
8505 BALTIMORE AVE.		8505 BALTIMORE AVE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
COLLEGE PARK, MD		COLLEGE PARK, MD	
Zip	Country	Zip	Country
20740	USA	20740	USA

4. Date Incorporated or Qualified To Do Business in Florida		9/12/1991
5. FEI Number	Applied For	
59-3108305	Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent		
Name		
J. KIMZIE COWART		
Street Address (P.O. Box Number is Not Acceptable)		
3230 BUCKINGHAM LANE		
Suite, Apt. #, Etc.		
City		
COCOA		
State	Zip Code	
FL	32926	

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
	4-24-03
REGISTERED AGENT MUST SIGN	

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 Officers and/or Director	City/State/Zip
PRES	GLORIA J. DAVIS	8505 BALTIMORE AVE.	COLLEGE PARK, MD 20740
SECY	DRINA A. DORSEY	8505 BALTIMORE AVE.	COLLEGE PARK, MD 20740
TREAS	GLORIA J. DAVIS	8505 BALTIMORE AVE.	COLLEGE PARK, MD 20740
DIR	RAYMOND COTTON	8505 BALTIMORE AVE.	COLLEGE PARK, MD 20740

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: 	3/26/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone # 301 474-7530

gr 4/30