

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 OCT 28 AM 8:01

DOCUMENT # **N99000003863**

1. Corporation Name
T-28 TROJAN, INC.

Principal Place of Business
6600 TICO ROAD
TITUSVILLE FL 32780

Mailing Address
6600 TICO ROAD
TITUSVILLE FL 32780



REINSTATEMENT 02

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/21/1999	
City & State		City & State		5. FEI Number	
Zip		Zip		69-3593930	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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	4 City / State / Zip
PD	FRAZIER, ROBERT	625 FLOTILLA LANE	N PALM BEACH FL 35608
VD	LENIE, PIETER J MORRIS, LLOYD	904 RIVERSIDE DR 1711 JUNIPER DR.	MELBOURNE BEACH FL 32951 EDGEWATER, FL 32132
TD	HANCE, DONALD MCCANN, MICHAEL P.	32 YAW DRIVE 3208 CALGARY ST.	COCOA BEACH FL 32931 MELBOURNE, FL 32935

10/29/02 01151 014 236.25

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
PHILLIPS, R. PATRICK ESQ. 200 NORTH THORNTON AVENUE ORLANDO FL 32801		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code
			FL

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. or 617.0505, F.S.

Signature of Registered Agent: *[Signature]* **SIGNATURE REQUIRED** Date: 10-25-02

REGISTERED AGENT MUST SIGN

11. 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: *[Signature]* **SIGNATURE REQUIRED** MICHAEL P. MCCANN 10/26/02 321-259-0587

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

CP2E040 (8/02)