


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  
 03 DEC 31 PM 12:22

DOCUMENT # **N15116**

1. Corporation Name  
**SPACE COAST REGION OF THE PORSCHE CLUB OF AMERICA, INC.**

**REINSTATEMENT 02-03**

Principal Place of Business Mailing Address

1437 SILVA ST SE 1437 SILVA ST SE  
 PALM BAY FL 32909 PALM BAY FL 32909

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

12/20/02 01059 003 \$236.75  
 700025455187  
 12/12/03--01040--007 \*\*61.25

2. New Principal Office Address, If Applicable  
**6134 Anchor Ln**  
 Suite, Apt. #: etc.

3. New Mailing Office Address, If Applicable  
 Suite, Apt. #: etc.

City & State **Rockledge FL** City & State  
 Zip **32955** Country **USA** Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **05/27/1986**

5. FEI Number **59-2683714** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	<del>STOWERS, KIRK E</del> <b>Stephen H. Dagley</b>	<del>6184 ANCHOR LANE</del> <b>732 EBONY ST</b>	<del>CORAL FL</del> <b>Melbourne FL 32935</b>
VD	<del>PUGHAN, JOHN A</del> <b>Greg A. Lambert</b>	<del>2220 FRONT ST</del> <b>519 LAKE VICTORIA CITE</b>	<del>MELBOURNE FL 32901</del> <b>Melbourne, FL 32940</b>
TD	<del>WELLS, RANDOLPH J</del> <b>KIRKE STOWERS</b>	<del>1437 SILVA ST SE</del> <b>6134 ANCHOR LN</b>	<del>PALM BAY FL</del> <b>Rockledge, FL 32955</b>
SD	<del>JOHNSTON, PHYLLIS</del> <b>Guillermo Gutierrez</b>	<del>104 MARTESIA WAY</del> <b>5140 WILD CINNAMON DR</b>	<del>INDIAN HARBOR FL</del> <b>Melbourne, FL 32940</b>

8. Name and Address of Current Registered Agent

~~RANDOLPH J. WELLS~~  
~~1437 SILVA ST SE~~  
~~PALM BAY FL 32937~~

9. Name and Address of New Registered Agent

Name **KIRK E. STOWERS**

Street Address (P.O. Box Number is Not Acceptable)  
**6134 ANCHOR LN**

Suite, Apt. #, Etc.

City **Rockledge** State **FL** Zip Code **32955**

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 **Kirk Stowers** Date **12-5-03**

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: **Stephen H. Dagley** Date **12/5/03** Daytime Phone # **(321) 254 5818**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E046 (8/02)