

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS**

**FILED**

02 JAN - 7 PM 3: 58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N98000001065**

1. Corporation Name

**HARLEY OWNERS GROUP--SPACE COAST CHAPTER, INC.**

Principal Place of Business

Mailing Address

6030 N. HARBOR CITY BLVD.  
MELBOURNE FL 32901

6030 N. HARBOR CITY BLVD.  
MELBOURNE FL 32901

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT**

*JOO*

4. Date Incorporated or Qualified To Do Business in Florida **02/19/1998**

5. FEI Number **59-3498074** 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	OKTELA, STEVEN L	2855 MARIAH DRIVE	MELBOURNE FL 32940
D	OKTELA, CAROL D	2855 MARIAH DRIVE	MELBOURNE FL 32940
D	WELSH, GREG	4725 ROSEBUD STR.	COCOA FL 32927
			700004794777--8 -01/24/02--01/02--001 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**ANDERSON, J. PATRICK  
930 SO. HARBOR CITY BLVD., STE.505  
MELBOURNE FL 32901**

Name \_\_\_\_\_

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

Suite, Apt. #, Etc. \_\_\_\_\_

City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

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.

Signature of Registered Agent

*[Handwritten Signature]*

Date

*1/4/02*

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten Signature]* **STEVEN L. OKTELA** 12-29-01 3212591311

Date

Daytime Phone #

CR2E040 (8/01)