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 MAY 25 AM 11:50

DOCUMENT # 435889

1. Corporation Name
SPACEPORT SUZUKI, INC.

REINSTATEMENT 00-01

2. Principal Office Address	3. Mailing Office Address
480 N. WASHINGTON AVE	480 N. WASHINGTON AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
TITUSVILLE, FL	TITUSVILLE, FL
Zip 32796 Country U.S.A	Zip 32796 Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 09/12/73

5. FEI Number 59-1493394 ☐ 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: CONRAD D. EIGENMANN, JR.

Street Address (P.O. Box Number is Not Acceptable): 803 INDIAN RIVER AVE.

Suite, Apt. #, Etc.:

City: TITUSVILLE State: FL Zip Code: 32780

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-06/27/01--01046--001
****300.00 ****300.00

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 _____ REGISTERED AGENT MUST SIGN Date 05/25/01

CR2E031 (8/00)

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
PD	CONRAD D. EIGENMANN, JR	803 INDIAN RIVER AVE	TITUSVILLE, FL 32780
TSD	BETTY J. EIGENMANN	803 INDIAN RIVER AVE.	TITUSVILLE, FL 32780
			AD

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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 5/25/01 Daytime Phone # (321) 269-5941