

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 SEP 22 PH 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 709986

1. Corporation Name

The Boeing Space Coast Chapter of the National Management
Association, Inc.

REINSTATEMENT 02-04

800041254668
09/22/04--01019--002 **358.75

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

P.O. Box 21233

Suite, Apt. #, etc.

P.O. Box 21233

City & State

Kennedy Space Center, FL

City & State

Kennedy Space Center, FL

Zip

32815-0233

Country

USA

Zip

32815-0233

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/29/1965

5. FEI Number

596196150

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

Coleen Taylor

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

1260 Potomac Dr.

Suite, Apt. #, Etc.

City

Merritt Island

State

FL

Zip Code

32952

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

Coleen Taylor
REGISTERED AGENT MUST SIGN

Date 09/16/2004

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
DP	Ronald Rehagen	301 Taft Ave.	Cocoa Beach/FL/32931
DV	Mike Woolley	459 Bridgetown Ct.	Satellite Beach/FL/32937
DT	Coleen Taylor	1260 Potomac Dr.	Merritt Island/FL/32952
DS	Lynn Pemberton	995 Oak St.	Merritt Island/FL/32953

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:

Ronald J. Rehagen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/16/2004

Date

321-861-4560

Daytime Phone #

CR2E081 (01/04)