
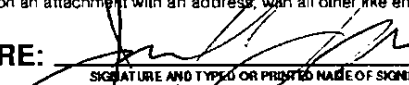


2007 NOT-FOR-PROFIT CORPORATION
REINSTATEMENT

FILED
Nov 13, 2007 8:00 A.M.
Secretary of State

DOCUMENT # 711737					
1. Entity Name MISSILE, SPACE AND RANGE PIONEERS, INC.					
Principal Place of Business PO BOX 254034 PATRICK AFB, FL 32925 US			Mailing Address PO BOX 254034 PATRICK AFB, FL 32925 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NOT APPLICABLE	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ELLIS, STEPHEN A 535 DELANNOY AVENUE COCOA, FL 32922			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$61.25 After January 1, 2008, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KUHLMAN, CHARLES		NAME	600112235876	
STREET ADDRESS	875 LOGGERHEAD DR.		STREET ADDRESS	11/13/07--01054--001 **122.50	
CITY-ST-ZIP	SATELLITE BEACH, FL		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, JERRY M		NAME		
STREET ADDRESS	533 AMHURST CIRCLE WEST		STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BEACH, FL 32903		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOLID, LEED		NAME		
STREET ADDRESS	765 RIVER OAKS LN		STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND, FL 32953		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALTIER, PAUL		NAME	SEC/DIR	
STREET ADDRESS	600 TORTOISE WAY		STREET ADDRESS	WATKINS, FRANK	
CITY-ST-ZIP	SATELLITE BEACH, FL 32937		STREET ADDRESS	742 SPRING LAKE DRIVE	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	MELBOURNE, FL 32940	
NAME	BIENER, SIGMUND A		NAME	TREAS/DIRECTOR	
STREET ADDRESS	100 LA COSTA ST # A-6		STREET ADDRESS	LEWIS, JAMES	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951		STREET ADDRESS	249 SYKES POINT LANE	
TITLE	D	<input type="checkbox"/> Delete	TITLE	MERRITT ISLAND, FL 32953	
NAME	HESTERMAN, JOHN W JR		NAME		
STREET ADDRESS	9012 H WEDGEWOOD PL		STREET ADDRESS		
CITY-ST-ZIP	WEST MELBOURNE, FL 32953		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 517, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		JAMES LEWIS, TREASURER		7 NOV 07 321-783-5232	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

11/16/07