

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 763969

96 AR

1. Corporation Name

SPACE COAST STREET RODS, INC.

Principal Place of Business

A-8-80X-101
ROCKLEDGE FL 32955
PO BOX 560101
Rockledge, FL 32956

Mailing Address

P O BOX 560101
ROCKLEDGE FL 32956-101
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

PO BOX 560101

City & State

Rockledge Florida

Zip

32956

Country

FLORIDA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/30/1982

5. FEI Number

58-2465196

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
VPD	PERRY, BILL	6200 WINSTON	6000A FL
3D	GALLO, MIKE	1372 ETHEL CIRCLE NE	PALM BAY FL 32905
PD	PIKEL, RICK	4721 FENWAY DR	ROCKLEDGE FL
	SAMMON, DENNIS	4066 HEIL RD NW	PALM BAY FL 32907
TD	FOXWORTH, VELMA	2847 PAGE LANE N	COCOA FL
	PARIZEK, KENNETH	59 KATHARINE AVE	W. MELBOURNE FL 32904
60-	PERRY, PAT	2200 WINSTON	COCOA FL
			100001982051--2
			-10/22/96--01019--009
			****200.00 ****200.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FUTURE PLANNING, INC.
840 BREVARD AVE, SUITE B
ROCKLEDGE, 32955

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

[Signature]

Date

10/18/96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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)(l), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/18/96

Daytime Phone #

407 957 4878

CR2E040 (7/96)