

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

00 DEC 18 AM 10:46

DOCUMENT #

604963

1. Corporation Name

Spacecoast Parkway Gifts, Inc.

2. Principal Office Address

430 N. Orlando Ave, #100

3. Mailing Office Address

430 N. Orlando Avenue

Suite, Apt. #, etc.

Suite # 100

Suite, Apt. #, etc.

Suite # 100

City & State

Winter Park, Florida

City & State

Winter Park, Florida

Zip

32789

Country

USA

Zip

32789

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/19/82

5. FEI Number

59-2014943

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

7. Name and Address of Current Registered Agent

Name

Owen, Marian

100003515111--6

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

1509 Sunset Pointe Place

-12/28/00--01008--011

****750.00 ****750.00

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34744

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

Marian L Owen

Date 12-14-00

REGISTERED AGENT MUST SIGN

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
P	Marian Owen	1509 Sunset Pointe Place	Kissimmee, FL 34744
Y	Charles Owen	1509 Sunset Pointe Place	Kissimmee, FL 34744

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:

Marian L Owen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-14-00 407-740-8838

Date

Daytime Phone #