


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000029818		
1. Entity Name SPACE COAST LLC		

FILED

2007 OCT 18 P 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 3345 S. WASHINGTON AVENUE, SUITE B TITUSVILLE, FL 32780	Mailing Address 3345 S. WASHINGTON AVENUE, SUITE B TITUSVILLE, FL 32780
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2. Principal Place of Business - No P.O. Box # 923 N COURTNEY PKWY	3. Mailing Address 923 N COURTNEY PKWY
Suite, Apt. #, etc. SUITE 101	Suite, Apt. #, etc. SUITE 101
City & State MERRITT ISLAND, FL	City & State MERRITT ISLAND, FL
Zip 32953	Country USA

10082007 REIN-LLC CR2E101 (1/07)

6. Name and Address of Current Registered Agent GODFREY, MARK I 3345 S. WASHINGTON AVENUE, SUITE B TITUSVILLE, FL 32780	
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7. Name and Address of New Registered Agent	
Name DEWEY A LICHTY	
Street Address (P.O. Box Number is Not Acceptable) 923 N COURTNEY PKWY SUITE 101	
City MERRITT ISLAND	FL 32953

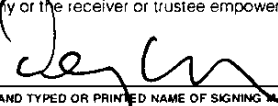
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DEWEY A LICHTY
REGISTERED AGENT 10/08/07
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GODFREY, MARK I 3345 S. WASHINGTON AVENUE, SUITE B TITUSVILLE, FL 32780 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 923 N COURTNEY PKWY SUITE 101 MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LICHTY, DEWEY A 3345 S. WASHINGTON AVENUE, SUITE B TITUSVILLE, FL 32780 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 923 N COURTNEY PKWY SUITE 101 MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500110869515 10/16/07--01066--006 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 07
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition AL

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  DEWEY A LICHTY
MANAGING MBR 10-8-07 (321) 454-4545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #