

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N00000001480

1. Corporation Name

SPACE COAST BRIDAL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~6070 ALDEN AVENUE~~
COCOA FL 32927

117 Boca Ciega Rd.
Cocoa Beach, FL 32931

~~6070 ALDEN AVENUE~~
COCOA FL 32927

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/28/2000

5. FEI Number

☒ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	GODWIN, SINDY	6070 ALDEN AVENUE 117 Boca Ciega Rd.	COCOA FL 32927 Cocoa Beach, FL 32931
V	LIES, ELAINE	6070 ALDEN AVENUE	COCOA FL 32927

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****236.25 ****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GODWIN, SINDY
6070 ALDEN AVENUE
COCOA FL 32927

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

Sindy Godwin Smith
REGISTERED AGENT MUST SIGN

Date 12/3/01

11. 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:

Sindy Godwin Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/3/01

mw

CR2EQ40 (8/01)