

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
03 JAN -6 PM 4:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N00000001480

1. Corporation Name

SPACE COAST BRIDAL ASSOCIATION, INC.

Principal Place of Business

~~117 BOCA CIEGA ROAD  
COCOA BEACH FL 32931~~

Mailing Address

~~117 BOCA CIEGA ROAD  
COCOA BEACH FL 32931~~

5807 N. ATLANTIC AVE #422  
Cape Canaveral, FL 32920

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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/28/2000

5. FEI Number

APPLIED FOR

59-3686784

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)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	GODWIN, SINDY (D)	117 BOCA CIEGA RD 5807 N. ATLANTIC AVE	COCOA BEACH FL 32931 Cape Canaveral, FL.
V	LIES, ELAINE (D)	117 BOCA CIEGA RD #422 1405 Bella Casa Ct	COCOA BEACH FL 32931 32920 Merritt Island, FL 32952
S	Robert Lies (T)	1405 Bella Casa Ct	Merritt Island, FL. 32952

8. Name and Address of Current Registered Agent

GODWIN, SINDY  
6070 ALDEN AVENUE 5807 N. ATLANTIC AVE  
COCOA FL 32927 #422  
Cape Canaveral, FL.  
32920

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 11/7/02

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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Synthia S Godwin

Date

11/7/02

Daytime Phone #

321-720-5145

CR2E040 (8/02)