

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAY 19 AM 8:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N01000007193**

**1. Corporation Name**

Space Coast Triathletes, Inc.

**2. Principal Office Address**

P.O. Box 731

Suite, Apt. #, etc.

City & State

Melbourne, FL

Zip

32902

Country

**3. Mailing Office Address**

P.O. Box 731

Suite, Apt. #, etc.

City & State

Melbourne, FL

Zip

32902

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

31-1802795

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Phil Moore

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

2255 Launch Ct.

Suite, Apt. #, Etc.

#379

City

West Melbourne

State

FL

Zip Code

32904

**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

Date 5/16/03

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	Phil Moore	2255 Launch Ct. #379	W. Melbourne, FL 32904
VP	Suzanne Colluias	2210 Riverside Ave.	Indialantic, FL 32903
T	Pam Maxwell	3706 Teakwood Ct.	Melbourne, FL 32935
S	Stephen O'Brian	2605 Village Park Dr.	Melbourne, FL 32935
D	Graham Partain	735 N. Hwy A1A #306	Indialantic, FL 32903

**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:**

Phil Moore

5/16/03

321-733-0923

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

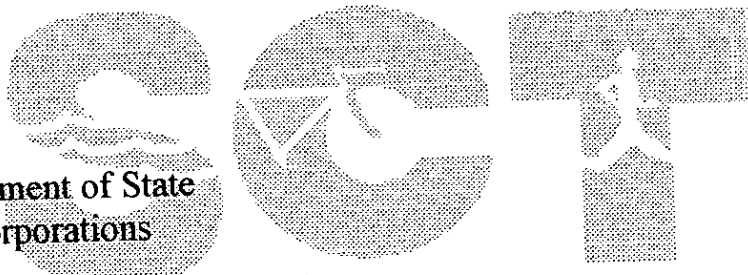
Daytime Phone #

CR2001 (10/02)

91 5123

May 15, 2003

Florida Department of State  
Division of Corporations



Re: Reinstatement

*Space Coast Triathletes*

Please accept this letter along with the reinstatement application, as written notification that we did not receive the u.b.r. for 2003.

We would like to take this opportunity to ask that we receive a wavier of the reinstatement fees and be only required to pay for the previous and current years filing fees. A total amount due of \$122.50.

Thank you for your cooperation and understanding in this matter.

A handwritten signature in black ink, appearing to read 'Phil Moore'.

Phil Moore  
President  
Space Coast Triathletes