

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
ANDRA B. MORTHAM
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # N27585

1. Corporation Name
EDUCATIONAL COUNCIL FOR SPACE AGE TECHNOLOGY, INC.

Principal Place of Business
C/O STEPHEN O'NEAL
5399 NW 36TH ST.
MIAMI FL 33166

Mailing Address
PO BOX 661438
5399 NW 36TH ST.
MIAMI FL 33266-1438
US

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc. 1629 WESTWARD DRIVE		Suite, Apt. #, etc. PO BOX 661438		07/25/1988	
City & State MIAMI FL		City & State MIAMI FL		5. FEI Number 65-0124732	
Zip 33166		Zip 33266		Applied For Not Applicable	
Country USA		Country		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
CD	BRAMBLE, JAMES R	4787 NW 88TH ST.	MIAMI FL 33166
CD	O'NEAL, STEPHEN	5399 N.W. 36TH ST.	MIAMI FL 33166
PD	CASH, MARCIA	19825 N.E. 10TH AVENUE	FT. LAUDERDALE FL
PD	HEIN, FRED	7825 NW 29TH STREET	MIAMI FL 33122
Dep. by kum/L8/15/97 \$70.00			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
O'NEAL, STEPHEN 5399 NW 36TH ST. MIAMI FL 33166		Name O'NEAL, STEPHEN Street Address (P.O. Box Number is Not Acceptable) 1629 WESTWARD DRIVE Suite, Apt. #, Etc. MIAMI City State FL Zip Code 33166	

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 _____ Date 10-22-97
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (See other side for information on Intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 10-22-97 Daytime Phone # 305-871-1982

FILED

97 OCT 27 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR20040 (8/97)