## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT F STATE Jim Smith

Secretary of State **DIVISION OF CORPORATIONS** 

**DOCUMENT #** 

N39335

1. Corporation Name

SPACE COAST CHAPTER OF THE AMERICAN CULINARY FED ERATION, INC.

Principal Place of Business

-3370 WEBER RD 2287 MOCFARLAND DR P O BOX 410136- 410452

WALKARIA-FL 02950 CDCAA. PL.

MELBOURNE FL 32941 - DUE 2

FILED 03 APR -9 PH 2: 14



118	31922-7032						500012327476 04/11/03-01071-001 **61.25			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.						04/11/	/03010710	101 **5	1.25	
			ng Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 07/27/1990				
Suite, Apt. #, etc. Suite, Apt. #,			etc.			5 FEI Number			Applied For	
City & State		City & State	MALE	A.			59-3017843		Not Applicable	
32921	1-7032 COUNTY SA	32941-	0452	BREVA	D	6. CERTIFICATE	OF STATUS DESIRED (		litional Fee required rtificate 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		3		ress of Each		4	city / State / Zip	)	
DP	HEFFNER, DALE E		3579 WE				VALARIA FL 3295			
	CRANKKY, PATRICE		2207	Macfa	RLAND	DRIVE	COCOA, FL	32927	<u> </u>	
DV	GRANISKY, PATRICE		,2207 M/	<del>IC FARLAND T</del>	RIVE	,e.	COCOA FL 32922	=		
	BEAUTE PASCAL		1966	SANBEL	LANE	<u> </u>		AND FL	32462	
DT	-PIASEGKI, PAMELA		-2 <del>502 CA</del>	RMEL-ROAD			INDIALANTIC FL-C			
	GREGORY ANNE		2785			#1604	MEGBURN		2935	
CB	BLACK, MICHAEL K		<del>-200 E. C</del>	ARTIER AVEN	<del>JE</del>		MELBOURNE FL-	<del>32935</del> ~		
	HEFFNER DAVE E		3570	NEBER	ro _	_	VAUKARIA.	PL 329	50	
				•		601	001232 03-0005-0	7476	s 25	
				m) .	10	<del>- UGA LGA</del>	 	<u>.,, -**(-3</u>	<del>9+ 6.3</del>	
		FEMIL	NT /	11 C		•				
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent				
PIASECKI, PAMELA						une Sherwood				
2582 CARMEL ROAD				Street Address (P.O. Box Number is Not Acceptable)						
INDIALANTIC FL 32903 Suite, Agt. #, Et						MIDILAIN	ter Drive	<u> </u>		
						,				
				Pa	lm	Bay		State Zip C	3907	
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 o Registered	Agent	GISTERED AG	ENT MUST	5086 SIGN	Eps	CCRETTARY	Date Jan	al,	2003	
	that I am an officer or director or the receiv statement application, the reason for dissol									

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:

January 03