

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001184

1. Corporation Name

Satellite Touchdown Club, Inc.

2. Principal Office Address - No P.O. Box #
300 Scorpion Court

Suite, Apt. #, etc.

City & State
Satellite Beach, FL

Zip
32937

Country
USA

3. Mailing Office Address
P.O. Box 372728

Suite, Apt. #, etc.

City & State
Satellite Beach, FL

Zip
32937

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/08/1993

5. FEI Number
59-3169657

Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (1/07)

7. Name and Address of Current Registered Agent

Name
Pat Wright

Street Address (P.O. Box Number is Not Acceptable)
678 N. Hedgecock Square

Suite, Apt. #, Etc.

City
Satellite Beach

State
FL

Zip Code
32937

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Pat Wright

REGISTERED AGENT MUST SIGN

Date **05/25/2007**

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
PD	Betty Moore	601 Seagull Drive	Satellite Beach, FL 32937
RS	Pat Wright	678 N. Hedgecock Square	Satellite Beach, FL 32937
VP	Cathryn Thornton	300 Scorpion Court	Satellite Beach, FL 32937
T	Kelly Fanto	300 Scorpion Court	Satellite Beach, FL 32937
REINSTATEMENT <u>06-07</u> <u>B 6/8/07</u>			

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 contained in Chapter 119, 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:

Pat Wright

Recording Secretary

05/25/2007

321-777-8421

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #