

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JUN 16 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000003367**

1. Corporation Name
United Space Foundation

Principal Place of Business
**115 2nd Ave
Indiantonic, Fl. 32903**

Mailing Address
Same

REINSTATEMENT

94-98

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
7-17-93

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number
59-3193895

Applied For
Not Applicable

City & State

City & State

Zip Country

Zip Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres/D	William C Boykin	115 2nd Ave	Indiantonic Fl 32903
V.P/D	Pam Mclean	115 2nd Ave	Indiantonic Fl 32903
Treas/D	Mike Fish Paw	115 2nd Ave	Indiantonic Fl 32903

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8. Name and Address of Current Registered Agent

**Fredrick Bertel
100 4th Ave
Indiantonic, Fl**

9. Name and Address of New Registered Agent

Name **William C Boykin**
Street Address (P.O. Box Number is Not Acceptable)
115 2nd Ave
Suite, Apt. #, Etc.
City **Indiantonic** State **FL** Zip Code **32903**

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 **William C Boykin**
REGISTERED AGENT MUST SIGN

Date **5-19-98**

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: **William C Boykin**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **5-19-98** Daytime Phone # **(407)7680576**

CR2E040 (1-98)