

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 14 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000005405

1. Corporation Name

Space Coast Four Wheeler's Association, INC.

P.O. Box 361343

P.O. Box 361343

2. Principal Office Address

P.O. Box 361343

Suite, Apt. #, etc.

City & State

Melbourne, Florida

Zip

32936

Country

USA

3. Mailing Office Address

P.O. Box 361343

Suite, Apt. #, etc.

City & State

Melbourne, Florida

Zip

32936

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida 11/22/1993**

5. FEI Number
59-3231215

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name
Jennifer Day

Street Address (P.O. Box Number is Not Acceptable)
2414 Empire Ave

Suite, Apt. #, Etc.

City
Melbourne

State Zip Code
FL 32934

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

Jennifer Day

REGISTERED AGENT MUST SIGN

Date

3 June 04

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
DP	Cowart, Carl	1738 Dodge Circle South	Melbourne FL-32935
S	Day, Jennifer	2414 Empire Ave.	Melbourne FL 32934
DT	Cowart, Diana	1738 Dodge Circle South	Melbourne FL 32935

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)(l), 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

Jennifer Day

Date

3 June 04

Daytime Phone #

(321) 480-0068

3 June 2004

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

~~Space Coast Four Wheeler's Association, INC. did not receive the prior~~ forms needed to file the 2003 and 2004 Uniform Business Report. The club was in a transitional state with the Treasurer leaving the state and his position for military reasons. The acting President allowed the mailbox to laps and the proper forms were not filed.

A new board has taken control of the association and we are trying to rectify the laps in Uniform Business Reports and get the corporation reinstated. Previously the Secretary called and spoke to a representative with the Division of Corporations and was told to send a letter explaining the situation and the reinstatement fee would be waived. We are sending a check for the two years that were not paid for a total sum of 122.50 in the form of a check. If this is not correct please contact us and we will send an additional check for the fee owed.

Thank You,



Jennifer Day
Secretary
Space Coast Four Wheeler's