

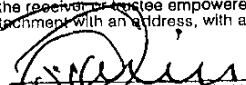
my CONNECTION

CH114 6-30-06

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 24 AM 8:57

DOCUMENT # N950000000004					
1. Entity Name SPACE COAST INDUSTRIAL FLIGHT PARK, INC.					
Principal Place of Business 3761 FLY PARK DRIVE ROCKLEDGE, FL 32955			Mailing Address C/O DR. FEINER 938 HIALEAH STR. ROCKLEDGE, FL 32955		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3287232 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BALZ FEINER MCD 938 HIALEAH STR. ROCKLEDGE, FL 32955			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW IN FEBRUARY \$61.25 After January 1, 2005, Fee will be \$122.50		In accordance with 607.103(2)(b) of the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DT	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	FEINER, BALZ		NAME	000078280150	
STREET ADDRESS	3761 FLY PARK DRIVE		STREET ADDRESS	08/02/06--01060--012 **70.00	
CITY-ST-ZIP	ROCKLEDGE, FL 32955		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	VEITH MADELEINE		NAME		
STREET ADDRESS	OB DEM DORF, 4425 TITTERTEN		STREET ADDRESS		
CITY-ST-ZIP	SWITZERLAND		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	VEITH, MAX		NAME		
STREET ADDRESS	OB DEM DORF, 4425 TITTERTEN		STREET ADDRESS		
CITY-ST-ZIP	SWITZERLAND		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			(321) 631-5043 G-30-06 (321) 960-4922 No		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		