
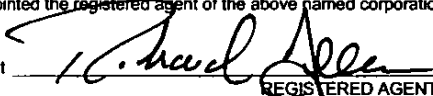
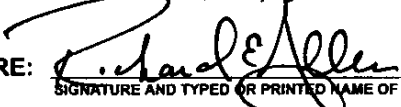


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 06 AUG 17 PM 1:47 FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA		
DOCUMENT # N96000006124					
1. Corporation Name Space Coast Fire Chief's Association					
2. Principal Office Address 1800 Rockledge Blvd.		3. Mailing Office Address 1800 Rockledge Blvd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Rockledge, FL		City & State Rockledge, FL			
Zip 32955	Country USA	Zip 32955	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 11/26/96	
				5. FEI Number 593466039	Applied For Not Applicable
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Richard Allen					
Street Address (P.O. Box Number is Not Acceptable) 1800 Rockledge Blvd.					
Suite, Apt. #, Etc.					
City Rockledge				State FL	Zip Code 32955
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 		Date 8/14/06			
REGISTERED AGENT MUST SIGN					
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	
D/P	Richard Allen	1800 Rockledge Blvd.		Rockledge, FL 32955	
D/V	Jon McDonald	216 Fourth Ave.		Indialantic, FL 32903	
D/S	Norris Park	1800 Rockledge Blvd.		Rockledge, FL 32955	
				800078882848 08/18/06--01040--006 **420.00	
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: 		Richard E. ALLEN		Date 8/14/06	Daytime Phone # 321-690-3971
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					