

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 NOV 25 PM 2:31

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N99000002295

1. Corporation Name
 SPRUCE CREEK FLY-IN ACTION COMMITTEE, INC.

Principal Place of Business Mailing Address
 100 CESSNA BLVD. STE. A DAYTONA BEACH FL 32124
 100 CESSNA BLVD. STE. A DAYTONA BEACH FL 32124



REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 212-1 CESSNA		3. New Mailing Office Address, If Applicable SAME		4. Date Incorporated or Qualified To Do Business in Florida 04/14/1999	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number NOT APPLICABLE	
City & State Daytona Bch FL		City & State		Applied For Not Applicable	
Zip 32128	Country USA	Zip	Country	6. CERTIFICATE OF STATUS DESIRED. <input type="checkbox"/> \$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	4 City / State / Zip
D	HYNES, DENNIS	1889 ROYAL LYTHAM CT. 1271 SPRUCE CREEK BLVD	DAYTONA BEACH FL 32124
D	HAVEN, RALPH E	1808 CHANDELLE COURT	DAYTONA BEACH FL 32124
D	GOVONI, DAVID S	1849 SPRUCE CREEK BLVD. EAST	DAYTONA BEACH FL 32124
D	PALMER, BILLIE I	1815 ROSCOE TURNER TRAIL	DAYTONA BEACH FL 32124

REINSTATEMENT 900008637969
 10/29/02--01001--003 **175.00

8. Name and Address of Current Registered Agent

~~MARTIN, STEPHEN G
 1265 WEST GRANADA BLVD. STE. 1
 ORMOND BEACH FL 32174~~

9. Name and Address of New Registered Agent

Name DENNIS R. HYNES
 Street Address (P.O. Box Number is Not Acceptable)
 191 CESSNA BLVD
 Suite, Apt. #, Etc.
 City DAYTONA BEACH State FL Zip Code 32128

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. or 617.0505, F.S.

Signature of Registered Agent *Dennis R. Hynes* Date 10-23-02
 REGISTERED AGENT MUST SIGN

11. 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: *Dennis R. Hynes* Date 10-23-02 386 7672150
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/02)