PLEASE READ	ALL INSTRUCTIONS	BEFORE C	OMPLETING THIS FORM.
APPLICATION OF THE REAL STATEMENT	CCINA	OF STATE	· · · · · · · · · · · · · · · · · · ·
DOCUMENT # 00400	00039398	NATIONS	FILED
1. Corporation Name		_	99 NOV -3 PM 4: 17
Space Coast Lady, Inc.			SECRETARY OF STATE T allahassee, Florida
Principal Place of Business 1869 50 Patrick Dr	Mailing Address 128 Isu	AND Verdi	
Indian NArbour BEACH FloriDA, 32937	Florisay 3	32937	
Il 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			Date incorporated or Qualified
Suite, Apt. #, etc.	Suite, Apt. #, etc.		To Do Business in Florida 1994
City & State	City & State		5. FEI Number 59-3242034 Applied For Not Applicable
Zip Country	Zip Countr	у	6. CERTIFICATE OF STATUS DESIRED Status Service of Status
7. Names and Street Addresses of Each Officer and			t 3 directors)
Title(s) Name of Officers Street Address of Each Officer and/or Directors 3 (Do NOT Use Post Office Box Nu			City / State / Zip
Maria Praina 120 Acrost Land			Dr. Tour late REE
res marca loano	168 1/56	ATID VIEW	2393
			000000000000000000000000000000000000000
		 	3000030462334 -11/16/9901090007
		<u>.</u>	
			SP.
8. Name and Address of Current	Registered Agent	 	9. Name and Address of New Registered Agent
MARIA FUZINO,			(12/296)
128 Island Islaw dr. Street		Street Address (P.	O. Box Number is Not Acceptable)
128 Island View dr. FNdinn' /thibour Beach F(32937 Sired Address (P.O. Suite, Apt. #, Etc.			5
,	, ,	City	State Zip Code
10. It 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 Agen X / Music Numb REGISTERED AGENT MUST SIGN Dat (2) 10 / 28/ 99			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No See other side for information on intangible tax.)			
12. Lectify that Lam 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 filling 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: MANUA CUXXIA SIGNATURE AND TYPED OF PRINTED WAS OFFICER OR DIRECTOR 10 38 99 (407) 779-4775 Daylime Prone of Daylime Prone o			

MARIA PUZINO 128 ISLAND VIEW DR INDAIN HARBOR, FL 32937 Indian Horbour Beach

Request taken by: yfisher 10-20-1999

The forms you recently requested from this office are:

(1) 203. Reinstatement (Corp)

Should you have any questions or need any further information, please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

Please vaive late fees

Dur location changed and we
never received the required forms.

**So.00 + 8.75 for certificate 5

Endosed Chear # 1436 = 158.75