

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000005605

1. Corporation Name

SPACE COAST CUTTING ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2321 MALABAR ROAD  
PALM BAY FL 32905

2321 MALABAR ROAD  
PALM BAY FL 32905

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

2. New Principal Office Address, If Applicable

2331 MALABAR RD NW

3. New Mailing Office Address, If Applicable

2331 MALABAR RD NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM BAY FL

City & State

PALM BAY FL

Zip

32907

Country

BREVARD

Zip

32907

Country

BREVARD

REINSTATEMENT

99

4. Date Incorporated or Qualified To Do Business in Florida

01/14/1997

5. FEI Number

59-3434870

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	PALMER, ANDREW	2321 MALABAR ROAD 2331 MALABAR RD NW	PALM BAY FL 32905 32907
VSTD	PALMER, WILLARD	2321 MALABAR ROAD 2331 MALABAR RD - NW	PALM BAY FL 32905 32907
			200003088502--2 01/05/00--01029--003 ***150.00 ***150.00
			200003088502--2 01/05/00--01029--004 ***600.00 ***600.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NICHOLAS, JAMES M  
1815 SOUTH PATRICK DRIVE  
INDIAN HARBOUR BEACH FL 32937

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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.

Signature of Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

11/11/99

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-11-99

407-254-3600