

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF REVENUE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000063808

1. Corporation Name

SPACE COAST AUTO PLAZA, INC.

Principal Place of Business

Mailing Address

96 WILLARD STREET  
SUITE 302  
COCOA FL 32922

96 WILLARD STREET  
SUITE 302  
COCOA FL 32922

If 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

Suite, Apt. #, etc.

2445 No. Cor

Suite, Apt. #, etc.

2445 No. Courtney PKwy

City & State

Merritt Island, FL

City & State

Merritt Island, FL

Zip

32953

Country

BREVARD

Zip

32953

Country

BREVARD

4. Date Incorporated or Qualified  
To Do Business in Florida

07/18/1997

5. FEI Number

59-3464414

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	SEBASTIAN, THOMAS C	16298 MAIN STREET	PRIOR LAKE MN 55372

600002796696--3  
-03/05/98--01117--013  
\*\*\*\*\*600.00 \*\*\*\*\*300.00

4/18/98  
6/11/98

8. Name and Address of Current Registered Agent

GOLDMAN, MITCHELL  
96 WILLARD STREET  
SUITE 302  
COCOA FL 32922

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Thomas C. Sebastian*

REGISTERED AGENT MUST SIGN

Date

12/18/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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:

*Thomas C. Sebastian*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/18/98 407-453-6844  
Date Date to Phone #

CR2ED40 (9/98)

(2)

**SPACE COAST AUTO PLAZA, INC.**  
**2445 NO. COURTENAY PKWY.**  
**MERRITT ISLAND, FL 32953**  
**PH: 407-453-6844**  
**FAX: 407-453-3047**

February 26, 1999

Department of State  
Divisions of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

We apologize in our inaccurate performance of our duties to the State of Florida for filing applications for reinstatement of corporations. These documents were sent to the agent in charge and we did not inform the state of the new mailing address. The documents were then forwarded to our out of state accountant and he was unaware of what to do with them.

This matter was finally brought to my attention and a speedy rectification of this problem is, I assure you, underway.

I talked to an agent in your office on 2/26/99 and she understood my situation. She told me to fill out forms completely and enclose a check for \$600.00 and this would take care of this.

Again, my deepest apology and this will not happen again.

Sincerely,

Thomas C. Sebastian  
President

