

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
03 NOV -3 AM 11:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V58935

1. Corporation Name

Affordable Space, Inc.

2. Principal Office Address

4129 Old Winter Garden Rd.

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32805

Country

US

3. Mailing Office Address

4129 Old Winter Garden Rd.

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32805

Country

US

**REINSTATEMENT** 02-03

4. Date Incorporated or Qualified  
To Do Business in Florida

9/92

5. FEI Number

59-3138855

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Steven M. Austad

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

7707 C.R. 561

Suite, Apt. #, Etc.

City

Clermont

State

FL

Zip Code

34711

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/24/03

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
Pres.	Steven M. Austad	7707 C.R. 561	Clermont, FL 34711

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 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

10/24/03

Daytime Phone #

407-445-5001

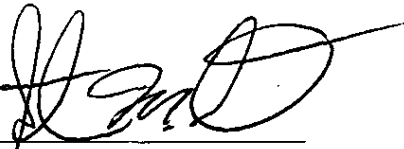

CR2E081 (10/02)

**AFFORDABLE SPACE INC**  
**4129 OLD WINTER GARDEN ROAD**  
**ORLANDO FL 32805**  
**407-445-5001**

10/29/03

As per our conversation, I never received the 2002 Uniform Business Report, Please  
reinstate without penalty. Enclosed please find the \$ 300.00 fee.

Sincerely,

  
\_\_\_\_\_  
Steven M. Austad  
Registered Agent  
\_\_\_\_\_  
Steven M. Austad  
President