

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION**  
**REINSTATEMENT**

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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

99 OCT 28 PM 4:59

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DOCUMENT # **P96000003536**

1. Corporation Name

**SUNCOAST MORTGAGE BANKERS, INC.**

Principal Place of Business

Mailing Address

1200 NW 78 AVE  
 SUITE 212  
 MIAMI FL 33126  
 US

1200 NW 78 AVE  
 SUITE 212  
 MIAMI FL 33126  
 US

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/08/1996	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0627399	
Country		Country		Applied For	
				Not Applicable	
				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
DPT	BALDACCINI, DONALD R.	1511 ALEGRIANO AVE.	CORAL GABLES FL 33146
VS	CORBALLEA, REBECA	8809 NW 112 ST	MIAMI FL
DVS	AMARO-BALDACCINI, IVETTE	1511 ALEGRIANO AVE	CORAL GABLES FL
DPT	Baldaccini, Donald R.	1200 NW 78 AVE STE 212 MIAMI FL 33126	
DVS	Amaro-Baldaccini, Ivette	1200 NW 78 AVE Suite 212	MIAMI, FL 33126

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BALDACCINI, DONALD R.  
 1511 ALEGRIANO AVE.  
 CORAL GABLES FL 33146

Name  
 Baldaccini, Donald R.  
 Street Address (P.O. Box Number is Not Acceptable)  
 1200 NW 78 Ave  
 Suite, Apt. #, Etc.  
 212  
 City  
 MIAMI  
 State  
 FL  
 Zip Code  
 33126

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

REGISTERED AGENT MUST SIGN

Date 10/26/99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/99 (305) 599-3801  
 Date Daytime Phone #