

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **434067**

1. Corporation Name

SUNCOAST FURNITURE, INC.

Mailing Address

**P O Box 1715
Crystal River Fl
34423-1715**

Principal Place of Business

**820 S US Hwy 19
Crystal River Fl.
34429**

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

2. New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8/13/73

5. FEI Number

59-1501705

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Chas. G. Miller	2184 Watersdedge	Crystal River Fl 34429
VP	John H. McKethan	442 SW First Place	Crystal River Fl 34429
Treas. Secty	Josephine J. Miller	2160 Watersdedge	Crystal River Fl 34429

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Claire A Titus

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

4 NE Third St

Suite, Apt. #, Etc.

City

Crystal River

State

Zip Code

FL

34429

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

Claire A. Titus

REGISTERED AGENT MUST SIGN

Date

10/8/97

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Charles J. Miller President

10/8/97

352-795-5454

FILED

97 OCT 13 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

76-97

DO NOT WRITE IN THIS SPACE

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