PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT 29 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 517293

REINSTATEMENT 04

1. Corporation Name

Suncoast Ecological Enterprises, Inc

2. Principal Office Address	**3.** Mailing Office Address
18323 Sunset Blvd	18323 Sunset Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Redington Shores, FL	City & State: Redington Shores, FL
Zip: 33708 Country: U.S.	Zip: 33708 Country: U.S.

4. Date Incorporated or Qualified To Do Business in Florida: 10/27/1976

5. FEI Number: 59-1697387 ☐ 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: Keith A. Ringelspaugh

Street Address (P.O. Box Number is Not Acceptable): 3347 49th ST N.

Suite, Apt. #, Etc.:

City: ST. Petersburg | State: FL | Zip Code: 33710

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: _____ Date: 10/26/2004

REGISTERED AGENT MUST SIGN

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
PD	Ralph T. Heath, Jr.	18328 Gulf Blvd	Indian Shores, FL 33785
SD	Keith A. Ringelspaugh	3347 49th St. N.	St. Petersburg, FL 33710

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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: Ralph T. Heath Jr. October 27, 2004 (727) 391-6211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E081 (01/04)