

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

96 DEC 23 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 5444 05

1. Corporation Name

Suncoast Advertising Company, Inc.

Principal Place of Business

240 S. Pineapple Avenue
Sarasota, FL 34236

Mailing Address

Post Office Box 1478
Sarasota, FL 34230

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

9/1/77

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1790547

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D&P	C. Michael Collins	240 S. Pineapple Avenue	Sarasota, FL 34236
D&VP, T, S.	Scott A. Karp	240 S. Pineapple Avenue	Sarasota, FL 34236

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****575.00 ****575.00

REINSTATEMENT

12/23/96
A. Karp

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

	Name Scott A. Karp
	Street Address (P.O. Box Number is Not Acceptable) 240 S. Pineapple Avenue
	Suite, Apt. #, Etc. 11th floor
	City Sarasota
	State FL
	Zip Code 34236

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

Scott A. Karp

REGISTERED AGENT MUST SIGN

Date 12/20/96

11. 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.)

12. 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:

Scott A. Karp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/20/96

Date

941/951-3833

Daytime Phone #