

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 FEB 17 AM 8:52

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 544405

1. Corporation Name

SUNCOAST ADVERTISING COMPANY, INC.

2. Principal Office Address

240 S. PINEAPPLE AVE.
SARASOTA, FL 34236

Suite, Apt. #, etc.

11TH FLOOR

City & State
SARASOTA, FL

Zip
34236

Country
USA

3. Mailing Office Address

240 S. PINEAPPLE AVE. 11TH F
SARASOTA, FL 34236

Suite, Apt. #, etc.

11TH FLOOR

City & State
SARASOTA, FL

Zip
34236

Country
USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/1/77

5. FEI Number

59-1790547

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

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State, Zip Code

FL 33324

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

REGISTERED AGENT MUST SIGN

JENNIFER FAULTMAN
ASSISTANT SECRETARY

Date 2-8-2000

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
DIR/ PRES	MICHAEL C. COLLINS	240 S. PINEAPPLE AVE	SARASOTA FL 34235
DIR/ VP/TREAS/SEC	SCOTT A. KARP	240 S. PINEAPPLE AVE.	SARASOTA FL 34235
ASST SEC	LYNN RHOADS	730 15TH ST. NW	WASHINGTON DC 20005

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:

LYNN L. RHOADS

2-11-00

202/624-4896

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)