

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR 27 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 596263

1. Corporation Name

Suncoast Realty and Property Management
Inc.

2. Principal Office Address

224 Franklin Blvd

Suite, Apt. #, etc.

City & State

St. George Island, FL

Zip

32328

Country

Franklin

3. Mailing Office Address

224 Franklin Blvd

Suite, Apt. #, etc.

City & State

St. George Island, FL

Zip

32328

Country

Franklin

REINSTATEMENT 99-06

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

12/04/1978

5. FEI Number

591866674

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

Jolene S. Armistead

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

224 Franklin Blvd

Suite, Apt. #, Etc.

City

St. George Island,

State
FL

Zip Code

32328

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

Jolene S. Armistead

Date

3/27/06

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	WALTER J. ARMISTEAD	224 Franklin Blvd.	St. George Island, FL 32328
VPD	Larry W. Hale	224 Franklin Blvd.	St. George Island, FL 32328
SD	Jolene S. Armistead	224 Franklin Blvd.	St. George Island, FL 32328

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 contained in Chapter 119, 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]

WALTER J. ARMISTEAD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/06

Date

850-927-2495

Daytime Phone #