

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 APR 29 PM 4:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 639775

1. Corporation Name

Suncoast Systems, Inc.

2. Principal Office Address - No P.O. Box #

6001 S Hwy 99

Suite, Apt. #, etc.

3. Mailing Office Address

6001 S Hwy 99

Suite, Apt. #, etc.

City & State

Walnut Hill, FL

City & State

FL

Zip

32568

Country

Escambia

Zip

32568

Country

Escambia

500178581225

04/29/10--01007--028 \*\*\*450.00

REINSTATEMENT

08-10

4. Date Incorporated or Qualified  
To Do Business in Florida

10/16/1979

5. FEI Number

59-2118461

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

Thomas F. Simard

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

6001 S Hwy 99

Suite, Apt. #, Etc.

City

Walnut Hill

State

FL

Zip Code

32568

PROFIT CORPORATIONS ONLY

☒ The \$600.00 reinstatement fee is imposed,  
except in circumstances which the entity did  
not receive the prior notices. By checking  
this box, you are certifying the prior  
notices were not received and requesting  
the reinstatement fee be waived.

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

*Thomas F. Simard*

Date

4-26-10

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
Sec/Treas	Jane F Simard	6001 S Hwy 99	Walnut Hill, FL 32568

10. E-mail Address: jsimard@suncoastsys.com

(To be used for future annual report notification)

11. 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. I further certify 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:

*Jane F. Simard*

Jane F Simard

Date

4-26-10

Daytime Phone #

4/30