

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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APPLICATION
FOR
REINSTATEMENT



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

FILED

DOCUMENT # F97000002293

01 APR 30 PM 12: 36

1. Corporation Name

SUNCOAST POST-TENSION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

15422 LILLJA RD.
HOUSTON TX 77060

15422 LILLJA RD.
HOUSTON TX 77060



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

REINSTATEMENT 00-01

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/30/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

76-0453109

Applied For
Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
GP	ATTWELL, KIRBY	140 FALLBROOK	HOUSTON TX 77038
GST	FOGELSONG, TIM	3000 WESLAYAN #330	HOUSTON TX 77027
DV	STADLER, LARRY	15422 LILLJA RD.	HOUSTON TX 77060
	See Attached Rider		

8. Name and Address of Current Registered Agent

GEIER, MITCH
246 N. WESTMONTE DR., STE. 203
ALTAMONTE SPRINGS FL 32714

9. Name and Address of New Registered Agent

Name CT Corp System
Street Address (P.O. Box Number is Not Acceptable) 1021 Main Street 1200 South Pine Island Rd
Suite, Apt. #, Etc. Suite 1150
City Plantation State FL Zip Code 33324

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

Victor Alfano

VICTOR ALFANO
REGISTERED AGENT

Date 4-27-01

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 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:

Robert E. Brown Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert E. Brown Jr. 4-24-01 713 647565

Date

Daytime Phone #

CR2E040 (8/00)

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**Suncoast Post-Tension, Inc.
Officers and Directors**

Title	Name of Officer and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
D	William V. Larkin, Jr.	10497 Town & Country Way, Suite 800	Houston, Texas 77024
DV	Ronald L. Koons	10497 Town & Country Way, Suite 800	Houston, Texas 77024
P	Larry Stadler	15422 Lillja Rd.	Houston, Texas 77060
V	Russell L. Price	15422 Lillja Rd.	Houston, Texas 77060
V	Robert E. Brown, Jr.	10497 Town & Country Way, Suite 800	Houston, Texas 77024