

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

APPLICATION
FOR
REINSTATEMENT



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

1996 DEC -6 PH 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G77069

1 Corporation Name
SUNCOAST - ATLANTIC CORP.

Principal Place of Business

Mailing Address

1970 Hwy 87
SUITE 102

1970 Hwy 87
SUITE 102

NAVARRE, FL. 32566

NAVARRE, FL. 32566

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

100002024311--8
-12/10/96--01047--008
****783.75 ****783.75

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

12-30-83

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5 FEI Number

59-2356680

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES.	NALANI SEYDEL	1970 Hwy 87 Apt. A	NAVARRE FL 32566
TREASURER	NALANI SEYDEL	1970 Hwy 87 Apt. A	NAVARRE FL. 32566
Director	Tom S. Seydel	1970 Hwy 87 Apt. A.	NAVARRE FL. 32566

REINSTATEMENT

8. Name and Address of Current Registered Agent

NALANI SEYDEL
1970 Hwy 87 - Apt. A
NAVARRE, FL. 32566

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Nalani Seydel

REGISTERED AGENT MUST SIGN

Date 12-3-96

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:

Nalani Seydel

Nalani Seydel

Date

11-30-96

Daytime Phone #

904-939-0221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR