

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 FEB 26 AM 8:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H15012

1. Corporation Name

SUNCOAST AUTO ENTERPRISES, INC.

REINSTATEMENT 89-03

000013141110
02/26/03--01057--014 **2592.50

2. Principal Office Address

19125 GULF BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

INDIAN SHORES, FL

City & State

Zip

33785

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8/03/84

5. FEI Number

59-2430062

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

EDWARD J. FERNANDEZ

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

402 - 161 ST AVENUE

Suite, Apt. #, Etc.

City

REDINGTON BEACH

State

FL

Zip Code

33708

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

[Signature]
REGISTERED AGENT MUST SIGN

EDWARD J FERNANDEZ Date X 2-20-03

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	EDWARD J. FERNANDEZ	402-161 ST AVE	REDINGTON BEACH, FL 33708
VD	PEGGY S. FERNANDEZ	402-161 ST AVE	REDINGTON BEACH, FL 33708

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD J FERNANDEZ X 2-20-03 X 727 596 8393

Date

Daytime Phone #

CR2E081 (10/02)