

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -6 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # JS5773

1. Corporation Name

Suncoast Chauffeur and Sedan Services Inc

2. Principal Office Address

P.O. Box 754

Suite, Apt. #, etc.

City & State

Largo, FL

Zip

33779

Country

US

3. Mailing Office Address

P.O. Box 754

Suite, Apt. #, etc.

City & State

Largo, FL

Zip

33779

Country

US

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

02/04/87

5. FEI Number

59-2766322

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

Cary Brown

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

1700 Sherwood St.

Suite, Apt. #, Etc.

City

Clearwater

05/07/04--01079--001 **900.00

000035764510

05/07/04--01079--001 **900.00

FL 33755

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

Cary H. Brown

REGISTERED AGENT MUST SIGN

Date 5.1.04

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	CARY BROWN	1700 Sherwood St	Clearwater, FL 33755
ST	Juanita Lane	1700 Sherwood St	Clearwater, FL 33755

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:

Cary H. Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5.1.04

Date

(727) 422-0219

Daytime Phone #

CR2E081 (01/04)