

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS



FILED

96 OCT -7 PM 4:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J98381

96 AR

1. Corporation Name

SUN COAST GLASS TINTING, INC.  
PROTECTION

Principal Place of Business

Mailing Address

1840 HYPOLUXO RD  
SUITE A-14  
LANTANA FL 33462

1840 HYPOLUXO RD  
SUITE A-14  
LANTANA FL 33462

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

10/21/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2858315

Applied For

City & State

City & State

Not Applicable

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)

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
D	SABAC, STEVE	6192 WINDLASS CIRCLE	BOYNTON BEACH FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SABAC, STEVE  
6192 WINDLASS CIRCLE  
BOYNTON BEACH FL 33437

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 10/1/96

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

10/1/96

Date

(561) 533-8842

Daytime Phone #

CR2E040 (7/96)



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# SUN COAST GLASS PROTECTION INCORPORATED

October 1, 1996

To Whom It Concerns:

Per a phone conversation with your department, I am sending in my request for reinstatement as a corporation. We mailed the original report and check for \$225.00 on May 8, 1996. This check was never cashed, so I guess the mail was lost in route.

I appreciate you waiving the reinstatement fee. I have enclosed a new check for \$225.00. We also applied for an ammendment to change our name and have received verification of this. I have marked the new name on the form. If I need to do anything further, please contact me at the address and number below.

Thanks.



Rebecca Sabac

OK  


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1840 HYPOLUXO ROAD SUITE A-14 LANTANA FL 33462  
BOCA DELRAY 391-3797 BOYNTON /WPB 533-8842

4022

5/8 1996

TO: Dept. of State

FOR: corp report

TAX DEDUCTIBLE ☐

DEPOSITS

TOTAL	6911	65
THIS CHECK	225	00
OTHER TRANS. +/-		
BALANCE		

check stub

4023

5/8 1996

TO: Madico

FOR: 42311, 43985 m/s  
43343, 44536

TAX DEDUCTIBLE ☐

DEPOSITS

TOTAL	6911	65
THIS CHECK	1233	77
OTHER TRANS. +/-		
BALANCE	5677	88

4024

5/8 1996

TO: EdT Plastics

FOR: m/s

TAX DEDUCTIBLE ☐

DEPOSITS

TOTAL	5677	88
THIS CHECK	213	00
OTHER TRANS. +/-		
BALANCE	5464	88