

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K98839

1. Corporation Name

SUN COAST FINANCE CONSULTANTS, INC.

2. Principal Office Address

1650 ART MUSEUM DR. #11

Suite, Apt. #, etc.

SUITE 11

City & State

JACKSONVILLE, FLORIDA

Zip

32207

Country

USA

3. Mailing Office Address

1650 ART MUSEUM DR.

Suite, Apt. #, etc.

SUITE 11

City & State

JACKSONVILLE, FLORIDA

Zip

32207

Country

USA

500062043535
12/09/05--01045--001 **600.00

REINSTATEMENT 02-05 WPP

**4. Date Incorporated or Qualified
To Do Business in Florida**

JUNE 29, 1989

5. FEI Number

59-2967208

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOHN DEMPS, JR.

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

8924 TIMBERJACK LN.

Suite, Apt. #, Etc.

City

JACKSONVILLE

State
FL

Zip Code

32256

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

REGISTERED AGENT MUST SIGN

Date 12/08/2005

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
P	JOHN DEMPS JR.	8924 TIMBERJACK LN.	JAX, FL 32256
S	JOHN DEMPS, JR.	8924 TIMBERJACK LN.	JAX, FL 32256

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)(f), 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:

JOHN DEMPS, JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/08/05 (904) 348-0910

Date

Daytime Phone #

2052



(904) 348-0910

SUN COAST FINANCE CONSULTANTS

A LICENSED MORTGAGE BROKERAGE BUSINESS
1650 Art Museum Dr., Suite 11
Jacksonville, Florida 32207

December 8, 2005

Department of State
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Corporation Reinstatement Request for Waiver
of Late Charges and Penalties
Sun Coast Finance Consultants, Inc.
Document # K98839

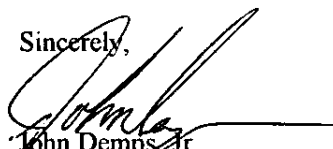
To Whom it may concern:

I would like to make a formal request that the penalty for late filing of the annual corporate report be waived. I was recently made aware that my corporation was not in good standing due to a report not being filed in 2002.

The reason that a report was not filed is because I was not made aware that one needed to be filed. We never received any written communication from the State of Florida. Please confirm that the correct address along with the correct suite number reflects in your system.

If you have any questions, please feel free to give me a call at (904) 348-0910.

Sincerely,



John Demps, Jr.
President