

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 FEB 10 AM 11:19

DOCUMENT # L07000031938

1. Limited Liability Company's Name

SUNCOAST PROFESSIONAL SERVICES, LLC.

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #  
5211 CARMILERA DRIVE  
Suite, Apt. #, etc.

3. Mailing Office Address  
5211 CARMILERA DRIVE  
Suite, Apt. #, etc.

4. State/Country of Formation  
FL / USA

5. Date Organized or Qualified To Do Business in Florida  
4/2/07

6. FEI Number  
263275622  
 Applied For  
 Not Applicable

7. CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee required for a Certificate of Status

City & State  
SARASOTA, FL

City & State  
SARASOTA, FL

Zip  
34231  
Country  
USA

Zip  
34231  
Country  
USA

8. Name and Address of Current Registered Agent

Name  
MARK BOWER  
Street Address (P.O. Box Number is Not Acceptable)  
5211 CARMILERA DRIVE  
Suite, Apt. #, Etc.

City  
SARASOTA  
State  
FL  
Zip Code  
34231

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

We no longer have the PO Box which had been on file

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent  
MARK BOWER  
REGISTERED AGENT MUST SIGN

Date  
2/5/09

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MARK BOWER	5211 CARMILERA DR.	SARASOTA, FL 34231

700143255377  
02/10/09--01013--015 \*\*277.50

**REINSTATEMENT** 08-09-09

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of Managing Member/Manager  
Mark M. Bower  
Date  
2/5/09  
Daytime Phone #  
941-923-5422  
Typed or printed name of signing Managing Member/Manager  
Mark M. Bower