

PLEASE READ ALL INSTRUCTIONS BEFORE USING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N00000004711

1. Corporation Name

SUNCOAST MANOR FOUNDATION, INC.

Principal Place of Business

Mailing Address

6909 9th St. ST. PETERSBURG FL 33705

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

2. New Principal Office Address, If Applicable 6909 9th St. S. Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable 6909 9th St. S. Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

07/13/2000

City & State

City & State

5. FEI Number

59-3671-288

Applied For

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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entries for Daniel E. Plonka, Kristin Guenthardt, Cynthia E. Grozco, Richard W. Neithamer, and Vicki Kane.

8. Name and Address of Current Registered Agent

STERNES, RANDY K 220 S. FRANKLIN ST. TAMPA FL 33602

9. Name and Address of New Registered Agent

Name: Kristin Guenthardt, Foundation President. Street Address: 1 Progress Plaza, Suite 165. City: St Petersburg, State: FL, Zip Code: 33701.

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 REQUIRED REGISTERED AGENT MUST SIGN

Date 10/22/01

11. 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 REQUIRED VICKI KANE

Date 10/22/01

727-892-4616

Date

Daytime Phone #

CR2E040 (8/01)

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 01 DEC 10 PM 5:16



REINSTATEMENT