PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

~~CORPORATION~~ REINSTATEMENT

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 SEP 14 AM 11:03

DOCUMENT # N40086

1. Corporation Name

SUNCOAST COMPENSATION & BENEFITS ASSOCIATION

2. Principal Office Address		3. Mailing Office Address	
570 Carillon Parkway		P. O. Box 17798	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
St. Petersburg, FL		Clearwater, FL	
Zip	Country	Zip	Country
33716	USA	33762	USA

4. Date Incorporated or Qualified To Do Business in Florida 09/24/1990

5. FEI Number 59-3007804 ☐ 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: Donna J. Dorsey

Street Address (P.O. Box Number Is Not Acceptable): 570 Carillon Parkway

Suite, Apt. #, Etc.: AEGON Equity Group

City: St. Petersburg, State: FL Zip Code: 33716

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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: Donna J. Dorsey — REGISTERED AGENT MUST SIGN

Date: 8/16/2001

CR2E061 (9/00)

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
D	Donna Parkin-Welz	2379 Broad Street	Brooksville, FL 34609
D	Ellie Barker	7511 114th Avenue N.	St. Petersburg, FL 33733
DS	Lee Ann Corbin	1500 N Dale Mabry Hwy	Tampa, FL 33607
DP	Sandra Edwards	5755 Hoover Blvd	Tampa, FL 33634
DV	Donna Popovich	401 W. Kennedy Blvd	Tampa, FL 33606
			SP

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: Donna J. Dorsey — Donna J. Dorsey/SCBA Treasurer — 8/16/2001 — (727)299-1800 X2986

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SCBA
SUNCOAST COMP & BENEFITS ASSOCIATION

P0292

September 12, 2001

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

To Whom it May Concern:

The Suncoast Compensation & Benefits Association changed their address in the past year which resulted in our not receiving the 2000 and 2001 Corporate Annual Report Form. I would request that you waive the penalty fees for this reason. Our organization had been using a member's company address for business purposes, however, due to changes in membership and changes in business priorities, we decided to lease a post office box for the organization.

I am resubmitting our past two years fees in hopes that you will process it and reinstate our organization as a corporation.

Thank you for your assistance.

Donna Dorsey

Donna Dorsey
SCBA Board Member/Treasurer

Visit our Web-site : **http:\\suncoastcompbenefitsassoc.org**

P. O. BOX 17798 • CLEARWATER, FL • 33762-0798