


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



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

**FILED**  
 01 JUN -6 AM 10:16  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # N94000005085  
 1. Corporation Name  
Suncoast Compensation and Benefits Foundation, Inc

2. Principal Office Address		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

417 Deer Park Ave  
Temp Terrace, FL  
33617 US

**REINSTATEMENT** 99-01

4. Date Incorporated or Qualified To Do Business in Florida	<u>11/4/94</u>
5. FEI Number	<u>59 3322196</u>
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Linda Garcia

Street Address (P.O. Box Number is Not Acceptable)  
417 Deer Park Ave

Suite, Apt. #, Etc.

City Temp Terrace State FL Zip Code 33617

200004440142-8  
-06/26/01--01002--025  
\*\*\*15.75 \*\*\*358.75

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 [Signature] Date 5/16/01  
 REGISTERED AGENT MUST SIGN

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
Sec	Linda Garcia	417-Deer Park Ave	Temp Terrace, FL 33617
Treas	Don Lund	8664 Manassas Rd	Tampa, FL 33635
Dir	Emily Biel	100 N Starcrest Dr	Clearwater, FL 33758
Dir	Sandra Edwards	5755 Haven Blvd	Tampa, FL 33634
Dir	Kathryn Pavanzo	PMB #343 6860 Gulfport Blvd	St Petersburg, FL 33707

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: [Signature] Linda Garcia Date 5/25/01 Daytime Phone # 813 623 5400  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/00)