

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 SEP -9 PM 12:51CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000019816

1. Corporation Name

Suncoast Financial Systems, Inc.

6304 Benjamin Road

REINSTATEMENT 03-04

2. Principal Office Address

6304 Benjamin Road

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite #513

Suite, Apt. #, etc.

City & State

Tampa, Florida

City & State

Zip

33634

Country

Hillsborough

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 10/23/1989

5. FEI Number

59-3627549

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$5.75- Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ronald G. Lichte

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

6304 Benjamin Road

Suite, Apt. #, Etc.

Suite #513

City

Tampa

State
FLZip Code
33634

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.

Signature of
Registered Agent*Ronald G. Lichte*

Date June 3, 2004

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 |
|--------|--------------------------------------|---|----------------------|
| Dir | Ronald G. Lichte | 6304 Benjamin Road | Tampa, Florida 33634 |
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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 807 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 807.0401 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:

Ronald G. Lichte

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 3, 2004

Date

813-319-0262

Daytime Phone #

C025061 (01/04)

SUNCOAST FINANCIAL SYSTEMS, INC.

June 3, 2004

TRANSMITTED VIA OVERNIGHT MAIL

Reinstatement Section
Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

RE: Penalty Fee Waiver
Suncoast Financial Systems, Inc.
Document Number: P00000019816

Dear Sir/Madam:

Please allow this correspondence to serve as my written request for your office to grant a Penalty Fee Waiver for the above referenced Corporation. This request is based on us not having received forms for 2003.

Under cover please find a duly execute Corporation Reinstatement Application along with a draft in the amount of \$308.75 to cover the costs associated with our 2004 filing status and the issuance of a Certificate of Status.

Accordingly, please reactivate this account upon receipt and kindly furnish this office with proof of reinstatement using the enclosed self- addressed express envelope.

Thank you for your cooperation in this regard. Should you have any questions, please do not hesitate to contact me directly.

Sincerely,



Ronald G. Lichte