

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -1 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000031491**

1. Corporation Name

SUNCOAST MANUFACTURED HOMES, INC.

Principal Place of Business

1977 APOPKA DRIVE
MIDDLEBURG FL 32068

Mailing Address

1977 APOPKA DRIVE
MIDDLEBURG FL 32068

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

2. New Principal Office Address, If Applicable
3749 CREEK HOLLOW LN.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
3749 CREEK HOLLOW LN.
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida **03/23/2000**

5. FEI Number **59-3635193**

Applied For
Not Applicable

City & State
MIDDLEBURG, FL.

City & State
MIDDLEBURG, FL.

Zip **32068** Country **CLAY**

Zip **32068** Country **USA**

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	WHITFIELD, MICHAEL F	1977 APOPKA DRIVE	MIDDLEBURG FL 32068

100008759541
11/01/02--01070--003 **750.00

8. Name and Address of Current Registered Agent

WHITFIELD, MICHAEL F
1977 APOPKA DRIVE
MIDDLEBURG FL 32068

9. Name and Address of New Registered Agent

Name
MICHAEL F. WHITFIELD
Street Address (P.O. Box Number is Not Acceptable)
3749 CREEK HOLLOW LANE
Suite, Apt. #, Etc.
City **MIDDLEBURG** State **FL** Zip Code **32068**

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date **10-30-02**

REGISTERED AGENT MUST SIGN

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)(j), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-30-02

CR2ED40 (8/02)