

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 NOV 27 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 700000040281

1. Corporation Name

Sun Coast Appraisals, Inc.

2. Principal Office Address

3. Mailing Office Address

6151 Miramar Pkwy

8428 W. Oakland Prk Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 215

City & State

City & State

Miramar FL

Sunrise FL

Zip

Country

Zip

Country

33023

U.S.

33351

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

3/1/00

5. FEI Number

Applied For

65-0997973

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

Ruth Liverpool

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

8428 W. Oakland Prk Blvd

Suite, Apt. #, Etc.

City

Sunrise

State

FL

Zip Code

33351

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

Ruth Liverpool
REGISTERED AGENT MUST SIGN

Date

11/25/02

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

2

Peter Whittingham

6151 Miramar Pkwy
Suite 215, Miramar

Miramar, FL 33023

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter Whittingham

11/25/02

Date

Daytime Phone #

CR2081 (9/01)

Lass Accounting & Business Services, Inc.

8428 W. Oakland Prk. Blvd. Sunrise, FL 33351

(954) 746-5011 Fax: (945) 746-7996

11/21/02

Divisions of Corporations

P.O. Box 6327

Tallahassee, FL 32314

RE: SunCoast Appraisals, Inc.

To Whom It May Concern:

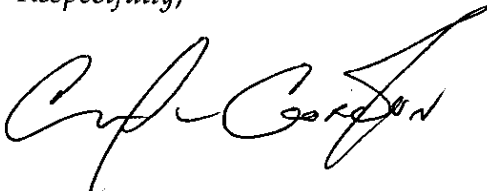
In reference to the above corporation, my client, received from the department of state an application for reinstatement stating that the corporation was dissolved due to non filing of the 2002 UBR. It is to our understanding that our client didn't receive the letters the divisions allegedly sent to my client stating that the 2002 UBR was not completed correctly and that the EIN # was not present. Therefore there was no response.

Please be aware that the 2002 UBR had been filled out complete and submitted with the \$150 filling before the deadline, May 1, 2002.

I have also enclosed a completed reinstatement application with the requested EIN # that was missing from the 2002 UBR.

We ask that you please take this into consideration and waive my client's penalty fees and reinstate my client's corporation. Thank you for your consideration.

Respectfully,

A handwritten signature in black ink, appearing to read 'Carlecia Gordon', written in a cursive style.

Carlecia Gordon

Accounting Assistant