

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 19 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000040281

1. Corporation Name

SUN COAST APPRAISALS INC.

REINSTATEMENT 03-05

2. Principal Office Address

6151 MIRAMAR PKWY

Suite, Apt. #, etc.

SUITE 215

City & State

MIRAMAR, FLORIDA

Zip

33023

Country

USA

3. Mailing Office Address

6151 MIRAMAR PKWY

Suite, Apt. #, etc.

SUITE 215

City & State

MIRAMAR, FLORIDA

Zip

33023

Country

USA

06/02/09 50188 003 \$150.00
09/10/04 01052 001 \$150.00

4. Date Incorporated or Qualified
To Do Business in Florida

04/17/2000

5. FEI Number

65-0997973

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

LIVERPOOL, RUTH

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

8428 W OAKLAND PARK 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

Date

01/15/05

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
P	WHITTINGHAM, PETER	6151 MIRAMAR PKWY #215	MIRAMAR FL 33023

000045582500
01/28/05--01015--010 **750.00

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

01/15/05 (954) 966-7909

Date

Daytime Phone #

CR2E081 (01/04)