

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 NOV 19 PM 1:34

DOCUMENT # **P00000107545**

1. Corporation Name
SUNCOAST COLD STORAGE, INC.

Principal Place of Business Mailing Address

7717 SADDLE CREEK TRAIL 7717 SADDLE CREEK TRAIL
 SARASOTA FL 34241 SARASOTA FL 34241

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



2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **11/17/2000**

5. FEI Number Applied For

65-1073835 Not Applicable

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	MUELLER, SHERRICK A	7717 SADDLE CREEK TRAIL	SARASOTA FL 34241

100004706221--0
 -12/05/01--01059--017
 ****150.00 ****150.00

J. M. B.

8. Name and Address of Current Registered Agent

MUELLER, SHERRICK A
 7717 SADDLE CREEK TRAIL
 SARASOTA FL 34241

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City State Zip Code

FL

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.

Signature of Registered Agent *X* *[Signature]* Date *X* **11/8/01**

SIGNATURE REQUIRED

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)(l), 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: *X* *[Signature]* Date **11/8/01** Daytime Phone # **x 947-927-3407**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (6/01)

Suncoast Cold Storage Inc.
Sherrick Mueller "President"
7717 Saddle Creek Trail
Sarasota FL 34241-9125
(941) 927-3407

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Sect.
P.O. Box 6327
Tallahassee, FL 32314-6327

To whom it may concern:

On 10/25/01 I received a notice and this form from your department stating that the state is going to administratively dissolve my corporation and further stating that I have not paid the yearly fee of \$61.25. This is a new company and I knew nothing of having to pay this. I called your office (850)-245-6059, they stated that I should have received a form to send in with the yearly fee (\$61.25). I did not receive this form to send in or it would have been done, I am a very accurate with my receipts and files. Furthermore, I have never received any paperwork from your office regarding this corporation until now. During the phone conversation after discussing this with one of your department people they suggested that I send in the amount of \$150.00 and then your department will decide if that is what the corporation will owe. This is a new company still in the planning stages; I cannot afford to pay \$750.00 for something that I knew nothing about from my personal account. Thank you for your time.

Sincerely,

Sherrick Mueller "president"