

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAY -7 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000074342

1. Corporation Name

Suncoast Mercedes-Benz Dealers, Inc.

2. Principal Office Address - No P.O. Box #

4636 North Dale Mabry Highway

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33614

Country

USA

3. Mailing Office Address

4636 North Dale Mabry Highway

Suite, Apt. #, etc.

City & State

Tampa, FL 33607

Zip

33614

Country

USA

800155622108
05/07/09--01011--013 **1350.00

REINSTATEMENT 05-09

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number
59-3734539

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
Frank Cuteri

Street Address (P.O. Box Number is Not Acceptable)
4636 North Dale Mabry Highway

Suite, Apt. #, Etc.

City
Tampa

State
FL

Zip Code
33614

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Frank Cuteri
REGISTERED AGENT MUST SIGN

Date

4/30/09

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	Joseph Lamphier	4636 North Dale Mabry Highway	Tampa, FL 33614
S	Frank Cuteri	4636 North Dale Mabry Highway	Tampa, FL 33614

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 contained in Chapter 119, 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:

Frank Cuteri
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank Cuteri, Secretary

Date

4/30/09

813-870-0010

Daytime Phone #