

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 31 AM 11:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000083153

1. Corporation Name

SUNCOAST SERVICES AND MATERIALS, INC.

Principal Place of Business

Mailing Address

250 S W 82ND AVENUE  
MIAMI FL 33144

250 S W 82ND AVENUE  
MIAMI FL 33144

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/31/2002

5. FEI Number

422-3864148

Applied For

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	MARTINEZ, JOSE	250 S W 82ND AVENUE	MIAMI FL 33144

000024333160  
10/31/03--01053--017 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARTINEZ, JOSE  
250 S W 82ND AVENUE  
MIAMI FL 33144

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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]*

REGISTERED AGENT MUST SIGN

Date

10/27/03

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)(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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/27/03

Daytime Phone #

CR2E040 (7/03)

October 28, 2003

Ref: Suncoast Lumber Materials Inc.  
200 S. W. 82nd Ave.  
Miami, Fla. 33144  
Document # P02000083103

Division of Corporations  
Restatement Section  
Tallahassee, Fla.

Gentleman: As per letter received from your office in reference to application of restatement of my Corporation, hereby I am sending \$100.00 to pay for my annual report. This is my first time in business, and I never received any information or letter concerning this annual report payment, but from now on I will be aware of this annual fee. I appreciate your attention to this letter, and I hope my \$100.00 for filing fee be accepted.

Sincerely,  
J. J.