

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 APR 15 PM 12:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P02000132666

**1. Corporation Name**

Suncoast Construction & Restoration Inc.

**2. Principal Office Address**  
3191 SW 14th Place

**3. Mailing Office Address**  
3191 SW 14th Place

Suite, Apt. #, etc.  
#14

Suite, Apt. #, etc.  
#14

City & State  
Boynton Beach FL

City & State  
Boynton Beach FL

Zip Country  
33426 USA

Zip Country  
33426 USA

800054244058  
05/11/05--01012--016 \*\*1058.75

**4. Date Incorporated or Qualified  
To Do Business in Florida** 12/16/2002

**5. FEI Number**  
55-0809858

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  
Robert L. Remsing Jr

Street Address (P.O. Box Number is Not Acceptable)  
2998 S Federal Hwy

Suite, Apt. #, Etc.

City  
Delray Beach

State Zip Code  
FL 33483

**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

Date

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
PSTD	Robert L Remsing Jr	2998 S Federal Hwy	Delray Beach FL 33483

**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:**

*Robert L Remsing Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-05  
Date

561-251-9757  
Daytime Phone #

CR2E081 (01/05)