

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000080070

1. Corporation Name

Suncoast Stucco of Brevard INC.

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

1509 Richards Dr.

Suite, Apt. #, etc.

City & State

Palm Bay FL

Zip

32905

Country

US.

3. Mailing Office Address

1509 Richards Dr.

Suite, Apt. #, etc.

City & State

Palm Bay FL

Zip

32905

Country

US.

7. Name and Address of Current Registered Agent

Name

Joseph Bonn

Street Address (P.O. Box Number is Not Acceptable)
1509 Richards DR.

Suite, Apt. #, Etc.

City

Palm Bay

State

FL

Zip Code

32905

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

Joseph Bonn
REGISTERED AGENT MUST SIGN

Date **09/24/2009**

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 Bonn	1509 Richards DR.	Palm Bay FL 32905
S/T	Donald R Burrows	1509 Richards DR.	Palm Bay FL 32905

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:

Joseph Bonn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Bonn

09/24/2009

Date

321-759-8816

Daytime Phone #

FILED

09 SEP 28 PM 12:37

STATE
CLERK'S OFFICE

200161079792
09/28/09--01034--007 **500.00

REINSTATEMENT 06-09

**4. Date Incorporated or Qualified
To Do Business in Florida** 05/19/2004

5. FEI Number
20-1165887

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

☒ 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.

200161079792
09/28/09--01034--008 **100.00

9/29/09