

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P04.000110462**

1. Corporation Name

Sun Coast Relocation

2. Principal Office Address - No P.O. Box #
2705 Oxford dr w

Suite, Apt. #, etc.

City & State
Bradenton, Florida

Zip Country
34205 Manatee

3. Mailing Office Address
2705 Oxford dr w

Suite, Apt. #, etc.

City & State
Bradenton, Florida

Zip Country
34205 Manatee

7. Name and Address of Current Registered Agent

Name
Robert Earl Garrigus

Street Address (P.O. Box Number is Not Acceptable)
2705 Oxford dr.w

Suite, Apt. #, Etc.

City State Zip Code
Bradenton, FL 34205

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

REGISTERED AGENT MUST SIGN

Date **05/09/07**

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.	Garrigus, Robert E	2705 Oxford Dr. W	Bradenton, Florida 34205
			300103285179 05/25/07--01015--012 **309.75
			B 5/9/07
		REINSTATEMENT	66-07

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:

Robert Earl Garrigus
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 9th 2007
Date

Daytime Phone #

FILED

07 MAY -9 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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.