

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2008 JAN 30 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P04000126095

SUNCOAST SPECIALTY SERVICES INC.

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

3063 ST CLAIRE AVE

3. Mailing Office Address

PO BOX 1191

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OLDSMAR, FL

City & State

OLDSMAR, FL

Zip

34677

Country

USA

Zip

34677

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/01/2004

5. FEI Number

20-1557118

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
JERRY WICKY

Street Address (P.O. Box Number is Not Acceptable)
3063 ST CLAIRE AVE

Suite, Apt. #, Etc.

City
OLDSMAR

State
FL

Zip Code
34677

☒ 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

Date **12/17/2007**

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
PRES	JERRY WICKY	3063 ST. CLAIRE AVE	OLDSMAR, FL 34677

300114322723
01/31/08--01039--005 **300.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JERRY WICKY

12/17/2007

Date

813-855-9546

Daytime Phone #

v/31/08