

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 12 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000056653

1. Corporation Name

SUNCOAST ALUMINUM & SCREEN INC.

REINSTATEMENT 08-10

000172000070
03/12/10--01024--006 **450.00

2. Principal Office Address - No P.O. Box #
1505 EAST IDA STREET

Suite, Apt. #, etc.

3. Mailing Office Address
1505 EAST IDA STREET

Suite, Apt. #, etc.

City & State
TAMPA, FL

City & State
TAMPA, FL

Zip Country
33610 USA

Zip Country
33610 USA

4. Date Incorporated or Qualified
To Do Business in Florida 04/15/2005

5. FEI Number
20-2764941

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
LEWIS JOHNSON

Street Address (P.O. Box Number is Not Acceptable)
1505 EAST IDA STREET

Suite, Apt. #, Etc.

City
TAMPA

State Zip Code
FL 33610

☒ 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

[Signature]
REGISTERED AGENT MUST SIGN

Date 3/3/2010

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	LEWIS JOHNSON	1505 EAST IDA STREET	TAMPA FL 33610

XC 3/15

10. E-mail Address: JENNIFER@ACTIVATEMYLIENSE.COM

(To be used for future annual report notification)

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. I further certify, 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

3/3/2010

Date

813-781-5051

Daytime Phone #