

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAY 12 AM 10:05

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000127658

1. Corporation Name

EMERALD COAST CONNECTIONS OF ST.
PETERSBURG, INC.

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

4300 6TH STREET SOUTH

Suite, Apt. #, etc.

City & State

SAINT PETERSBURG

Zip

33705

Country

US

3. Mailing Office Address

4300 6TH STREET SOUTH

Suite, Apt. #, etc.

City & State

SAINT PETERSBURG

Zip

33705

Country

US

900155838509
05/12/09--01023--011 **450.00
CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida 09/16/2005

5. FEI Number
59-3817135

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

DANIEL P SORONEN

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

4300 6TH STREET SOUTH

Suite, Apt. #, Etc.

City

SAINT PETERSBURG

State
FL

Zip Code
33705

☒ 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

REGISTERED AGENT MUST SIGN

Date 4-20-09

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
DIRECTOR	DANIEL P SORONEN	4300 6TH STREET SOUTH	SAINT PETERSBURG, FL 33705
PRESIDENT	WILLIAM P SORONEN JR.	809 JACARANDA DRIVE	LARGO, FL 33770

REINSTATEMENT

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

4-20-09

Date

707-580-9937

Daytime Phone #