

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

02 OCT 11 PM 2:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P93000034167

**1. Corporation Name**

SUNCOAST ENTERPRISES OF SW FLORIDA, INC.

**2. Principal Office Address**

**3. Mailing Office Address**

9130 Corsea del Fontana Way

Suite, Apt. #, etc.

**City & State**

**City & State**

Naples, Florida

**Zip**

**Country**

**Zip**

**Country**

34109

**4. Date Incorporated or Qualified  
To Do Business in Florida**

5-12-1993

**5. FEI Number**

65-0414497

**Applied For**

**Not Applicable**

**6. CERTIFICATE OF STATUS DESIRED** ☒ **XX**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**

Joseph E. D'Jamoos

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

9130 Corsea del Fontana Way

**Suite, Apt. #, Etc.**

**City**

Naples

**State**  
FL

**Zip Code**

34109

**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** October 9, 2002

**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 E. D'Jamoos	9130 Corsea del Fontana Way,	Naples, FL 34109
VP	Mark Bates	2375 Terra Verde Lane	Naples, FL 34105

**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 under section 119.07(3)(i), 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph E. D'Jamoos

10/9/02 239-596-2733

**Date**

**Daytime Phone #**

CR2E081 (9/01)



*Cal<sup>2</sup>*

ACCOUNT NO. : 072100000032

REFERENCE : 779628 *Patricia Figuera* 7277150

AUTHORIZATION :

COST LIMIT : \$ 908.75

ORDER DATE : October 11, 2002

ORDER TIME : 11:19 AM

ORDER NO. : 779628-005

CUSTOMER NO: 7277150

CUSTOMER: Mary Monaco, Esq  
Mary W. Monaco, P.a.  
9130 Corsea Del Fontana Way

Naples, FL 34109

DOMESTIC FILINGS

NAME: SUNCOAST ENTERPRISES OF  
SW FLORIDA, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
XX        CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Heather Powell ext. 1155  
EXAMINER'S INITIALS                     

RECEIVED  
02 OCT 11 PM 12:57  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA