

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000038665

1. Corporation Name  
SUNCOAST CUTTERS, INC.

FILED  
96 NOV 22 AM 11:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
455 ALTERNATE 19 APT 155 PALM HARBOR FL 34683  
455 ALTERNATE 19 APT 155 PALM HARBOR FL 34683



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. New Mailing Office Address, if Applicable  
Suite, Apt. #, etc.  
City & State  
Zip Country

REINSTATEMENT 96  
4. Date Incorporated or Qualified To Do Business in Florida 06/01/1993  
5. FEI Number 59-3186529 Applied For Not Applicable  
6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	HALE, WALLACE B	455 ALTERNATE 19 APT 155	PALM HARBOR FL 34683
VD	HALE, CHRISTIE R	455 ALTERNATE 19 APT 155	PALM HARBOR FL 34683
			700002014317--1 -11/26/96--01039--008 ***375.00 ***375.00

*[Signature]* 11/22/96

8. Name and Address of Current Registered Agent  
DICKINSON, ROBERT C III  
33920 US HIGHWAY 19 N  
SUITE 200  
PALM HARBOR FL 34684

9. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  
Signature of Registered Agent *[Signature]* **SIGNATURE REQUIRED** Date 9/27/96  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. 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 REQUIRED** 9/23/96 (417) 924-3088  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRS-204 (7/95)