

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000039522**

1. Corporation Name

FLORIDA SUNCOAST CALIBRATION, INC.

Principal Place of Business

Mailing Address

6302 Benjamin Road, Ste. 412 /P.O. Box 20253
Tampa, Florida 33634 Tampa, Florida 33022

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 96-99

4. Date Incorporated or Qualified To Do Business in Florida

6/3/93

5. FEI Number

59-3188-634

Applied For

Not Applicable

6

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	Carl F. Weisse IV	6302 Benjamin Road, Ste.412	Tampa, FL 33634
D	Patricia J. Kohsmann	622 Orange Dr. Nr. 234	Altamonte Springs, FL 32701
D	William F. Kohsmann	622 Orange Dr., Nr. 234	Altamonte Springs, FL 32701

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05/04/93--01057--006
***1200.00 ***1200.00

8. Name and Address of Current Registered Agent

Carl F. Weisse, IV
6302 Benjamin Road, Ste. 412
Tampa, Florida 33634

9. Name and Address of New Registered Agent

Name

Donald P. DeCort, Esq.

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

Holcomb & DeCort, P.A.

Suite, Apt. #, Etc.

415 S. Hyde Park Avenue

City

Tampa

State

FL

Zip Code

33606

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

Don DeCort

REGISTERED AGENT MUST SIGN

Date 4/8/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

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:

Patricia J. Kohsmann
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA J. KOHSMANN

4/9/99 (407) 831-5152

Date

Daytime Phone #