

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000041896**

1. Corporation Name

SUN COAST HYDRAULIC ELECTRIC MFG. INC.

Principal Place of Business

Mailing Address

136 N ELLIS RD
JACKSONVILLE FL 32254
US

136 N ELLIS RD
JACKSONVILLE FL 32241
US

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

4. Date Incorporated or Qualified
To Do Business in Florida

06/09/1993

5. FEI Number

59-3186321

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	SPARKS, TIMOTHY G	12115 DIVIDING OAKS TRAIL E	JACKSONVILLE FL 32223
S	SPARKS, TIMOTHY G	12115 DIVIDING OAKS TRAIL E	JACKSONVILLE FL 32223
V	SPARKS, DEBORAH	12115 DIVIDING OAKS TRAIL E	JACKSONVILLE FL 32223

500025858055
12/30/03--01031--020 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPARKS, TIMOTHY G
~~12115 DIVIDING OAKS TRAIL E~~ 8787 SOUTHSIDE BLVD.
JACKSONVILLE FL 32223 32256 APT # 1907

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. or 617.0505, F.S.

Signature of
Registered Agent

Timothy G Sparks
REGISTERED AGENT MUST SIGN

Date 12-26-03

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 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:

Timothy G Sparks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-
12-26-03 693-3318

CR2E040 (7/03)