

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P93000057062

1. Corporation Name

SUNCOAST ENTERTAINMENT GROUP, INC.

99 DEC -2 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

483 S. COLLINGSWOOD BLVD.
MURDOCK FL 33948-2619

483 S. COLLINGSWOOD BLVD.
MURDOCK FL 33948-2619

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.
2126 S.E. 14TH TERR
City & State
CAPE CORAL FL
Zip
33990-1925
Country
USA

Suite, Apt. #, etc.
2126 S.E. 14TH Terr.
City & State
CAPE CORAL FL
Zip
33990-1925
Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/13/1993

5. FEI Number

65-0454900

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	City / State / Zip
P	COLA, PAUL J	483 S. COLLINGSWOOD BLVD.	MURDOCK FL 33948
VP	ANITA COLA	483 S. COLLINGSWOOD BLVD	MURDOCK FL 33948
			400003071494--9 -12/15/99--01081--009 *****750.00 *****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COLA, PAUL J
483 S. COLLINGSWOOD BLVD.
MURDOCK FL 33948-2619

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Paul Cola

REGISTERED AGENT MUST SIGN

Date

10/20/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/20/99

Daytime Phone #

941-218-5801

CR2E040 (8/99)