

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUN 19 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

SunCoast Environmental International, Inc.

894000013035

2. Principal Office Address

13 Norriego Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

13 Norriego Rd.

Suite, Apt. #, etc.

City & State

Destin, FL

Zip

32541

Country

USA

City & State

Destin, FL

Zip

32541

Country

USA

REINSTATEMENT 01-02

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

2-14-94

5. FEI Number

59-3222386

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ronald A. McNeil

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

13 Norriego Rd.

Suite, Apt. #, Etc.

City

Destin

State
FL

Zip Code

32541

500005979015-9

-06/25/02--01071-005

****300.00 *** 900.00*

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

Ronald A. McNeil

REGISTERED AGENT MUST SIGN

Date *6-17-02*

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
Pres	<i>Ronald A. McNeil</i>	<i>13 Norriego Rd.</i>	<i>Destin, FL 32541</i>
V.P.	<i>Kathryn M. Jones</i>	<i>222 Woodlawn Dr.</i>	<i>Panama City Bch, FL 32407</i>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-17-02 (850)
249-0784

Daytime Phone #

CR2E081 (9/01)