

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000016568

1. Corporation Name  
SUNCOAST SOLUTIONS, INC.

Principal Place of Business Mailing Address  
8 Gulf Manor Drive 8 Gulf Manor Drive  
Venice, Florida 34285 Venice, Florida 34285

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

3/2/94

5. FEI Number

65-0470925

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
P	Spence, Robert E	8 Gulf Manor Drive	Venice, Florida 34285

400002789924--0  
-03/01/99--01006--016  
\*\*\*1050.00 \*\*\*1050.00

400002789924--0  
-03/01/99--01006--017  
\*\*\*\*150.00 \*\*\*\*150.00

REINSTATEMENT 96-99

8. Name and Address of Current Registered Agent

Law Firm of Lawrence J. Spiegel  
Chartered  
343 Almeria Avenue  
Coral Gables, Florida 33134

9. Name and Address of New Registered Agent

Name  
Spiegel & Utrera, P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
343 Almeria Avenue  
Suite, Apt. #, Etc

City  
Coral Gables

State Zip Code  
FL 33134

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 By: *Natalia Utrera*  
Natalia Utrera, Vice President

11. This corporation owes or has paid 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)(b), 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: *Robert E. Spence* Robert E. Spence

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/99 941-484-4133  
Date Daytime Phone #