

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 DEC 15 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000047561**

1. Corporation Name

SUNCOAST OFFICE PARK, INC.

Principal Place of Business

Mailing Address

3280 TAMiami TRAIL
STE 20
PT CHARLOTTE FL 33952
US

3280 TAMiami TRAIL
STE 20
PT CHARLOTTE FL 33952
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

06/24/1994

5. FEI Number

NOT APPLICABLE

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	CHIARELLO, STEPHEN E	3280 TAMiami TRAIL, SUITE 20	PORT CHARLOTTE FL 33952
D	CHIARELLO, PATRICIA	3280 TAMiami TRAIL, SUITE 20	PORT CHARLOTTE FL 33952

700025504197
12/15/03--01036--012 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STEPHEN, E CHIARELLO
3280 TAMiami TRAIL #20
PT CHARLOTTE FL 33952

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. or 617.0505, F.S.

Signature of
Registered Agent

Signature of Stephen E. Chiarello

REGISTERED AGENT MUST SIGN

Date

12/12/03

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:

Signature of Stephen E. Chiarello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/12/03

Date

941 629-6467

Daytime Phone #

CR2E040 (7/03)

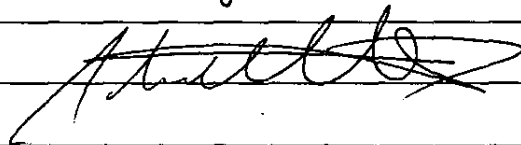
12/12/03

To Whom It May Concern,

Enclosed is the reinstatement form & fee for Suncoast Office Park, Inc. The UBR notices were not received prior to this notice of dissolution. We have filed on a timely basis since 1994 and also file corporation tax returns for this property. We do not wish it to be dissolved.

Enclosed is also the \$150 fee.

Thank You

A handwritten signature in dark ink, appearing to be "Arthur" followed by a stylized flourish.