

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 FEB 21 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P94000052456

1. Corporation Name

SUN COAST REPAIR SERVICES

2. Principal Office Address

1845 36TH AVE

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 650776

Suite, Apt. #, etc.

City & State

VERO BEACH, FL

Zip Country

32960 USA

City & State

VERO BEACH, FL

Zip Country

32965 USA

4. Date Incorporated or Qualified
To Do Business in Florida

7-15-94

5. FEI Number

65-0494559

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

ALICIA MUNNI

800003155638-6

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

266 23RD AVE

-03/03/00--01005--002

***1500.00 ***1500.00

Suite, Apt. #, Etc.

City

VERO BEACH

State

FL

Zip Code

32962

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

Alicia Munn

REGISTERED AGENT MUST SIGN

Date 2-18-00

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 ROBERT J. VOTAW

1845 36TH AVE

VERO BEACH, FL 32960

REINSTATEMENT 95-001 TS

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:

Robert J. Votaw

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)