

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 # P95000004690

1. Corporation Name  
SOUTH COAST WOOD PRODUCTS, INC.

FILED  
00 JAN 10 AM 9:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
529 COMMERCIAL BL  
NAPLES FL ~~33942~~ 34104

Mailing Address  
529 COMMERCIAL BL  
NAPLES FL ~~33942~~ 34104



REINSTATEMENT 97-60

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/19/1995	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0547262	
Country		Country		Applied For	
34104		34104		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	MCDONNELL, SEAN ARTHUR	11121 HEALTH PL BLVD #700	NAPLES FL <del>33942</del> 34104
ST	MC DONNELL, BARBARA	11121 HEALTH PARK BLVD #700	NAPLES FL <del>33942</del> 34104

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MCDONNELL, SEAN ARTHUR 1121 HEALTH PARK BLVD NAPLES FL <del>33942</del> 34104	Name: MCDONNELL, ARTHUR Street Address (P.O. Box Number is Not Acceptable): 1121 HEALTH PARK BLVD Suite, Apt. #, Etc.: 700 City: NAPLES State: FL Zip Code: 34104

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: DATE: 1-4-00

REGISTERED AGENT MUST SIGN

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 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: DATE: 1-4-00 DAYTIME PHONE #: 598-4555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: ARTHUR MCDONNELL, PRES.