

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 NOV -4 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000036126**

1. Corporation Name

SUNCOAST TONER CARTRIDGE, INC.

Principal Place of Business

Mailing Address

7833 CLARK MOODY BLVD
PT RICHEY FL 34868

7833 CLARK MOODY BLVD
PT RICHEY FL 34868

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

REINSTATEMENT 96ed

4. Date Incorporated or Qualified
To Do Business in Florida

05/03/1995

5. FEI Number

59-3310988

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	WAGNER, PETER	4604 LEONARD LN 3147 COLUSA Ct	NEW PORT RICHEY FL 34862 Palm Harbor FL 34683
DT	MIKLOS, STEVE	6725 RIVER RD	NEW PORT RICHEY FL 34862
DV	HENN, PHIL	16502 FLORENCE DR	SPRING HILL FL 34606
DS	THOMPSON, JOHN F	3610 BELL SHADOW LN 5814 TAYWOOD DR	TAMPA FL 33624 TAMPA FL 33624
			100001998441--7 -11/07/96-01013-009 *****375.00 *****375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARLOWE, RUSSELL G
8514 STATE RD 54
NEW PORT RICHEY FL 34863

Name

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

Suite, Apt. #, Etc.

City

State

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.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/21/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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)(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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR

10/21/96

Date

Daytime Phone #