

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P95000044428**

1. Corporation Name

SUNTRUST SOUTH INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV - 3 PM 1:54

Principal Place of Business

1302 E. ALTAMONTE DR.
ALTAMONTE SPRINGS FL 32746

Mailing Address

PO BOX 952365
LAKE MARY FL 32795



If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/08/1995

5. FEI Number

59-3341371

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

03

WDP

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
P	RAJABIAN, VAHID R PRESIDE	233 MORNING GLORY DRIVE	LAKE MARY FL 32746

400024610244
11/12/03 01025 034 **150.00

8. Name and Address of Current Registered Agent

RAJABIAN, VAHID
233 MORNING GLORY DR
LAKE MARY FL 32746

9. Name and Address of New Registered Agent

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

Vahid Rajabian

Date

REGISTERED AGENT MUST SIGN

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:

Vahid Rajabian
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/02/03

Daytime Phone #

CP2E040 (7/03)

FROM: VAHID R. RAJABIAN
PRESIDENT OF
SUNTRUST SOUTH INC

TO: DEPARTMENT OF STATE
DIVISION OF CORP.

DEAR MADAM/SIR:

DUE TO THE FACT THAT I CLOSED MY OFFICE IN DEC/2002 (STILL
HAVE MY DMV LICENSE ACTIVE) & CHANGIN SOME ADDRESSES
I HAVE NOT RECIEVED THE PREVIOUS RENEWAL OF MY CORP.
PLEASE ACCEPT THIS LETTER OF EXPLANATION AND A CHECK FOR
\$150.⁰⁰ FOR MY APPROP. ANNUAL REPORTING.

THANK YOU KINDLY



VAHID R. RAJABIAN
AS PRESIDENT