

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 # P95000049483

1. Corporation Name

SUNCOAST SEWER & DRAIN, INC.

Principal Place of Business

Mailing Address

3137 NOVUS ST.
SARASOTA FL 34237

SEE
BELOW

3137 NOVUS ST.
SARASOTA FL 34237

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

2. New Principal Office Address, If Applicable

3932 Helene ST

3. New Mailing Office Address, If Applicable

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

Zip

34233

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/22/1995

5. FEI Number

65-0594574

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$9.75 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
1	2	3	4
PRESIDENT	JOHN ROSSLER	3932 Helene ST	SARASOTA, FL. 34237
			900002052349--5 -01/09/97--01051--004 ****400.00 ****400.00

8. Name and Address of Current Registered Agent

ROSSLER, JOHN
3137 NOVUS ST.
SARASOTA FL 34237

3932 HELENE ST.
SARASOTA FL
34233

9. Name and Address of New Registered Agent

Name

Same

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

3932 Helene ST

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34233

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

John A. Rossler

REGISTERED AGENT MUST SIGN

Date

12-30-96

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)(f), 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:

John A. Rossler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-30-96

Daytime Phone #

FILED
97 JAN -6 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 96

mwb 1-8-97

CH2E040 (7/96)