

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 DEC -9 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000066347

1. Corporation Name

SUNCOAST IRRIGATION + LANDSCAPING, INC
2551 CLINTON DR. NE.
PALM BAY, FL. 32905

2. Principal Office Address

2551 CLINTON DR NE

Suite, Apt. #, etc.

City & State

Palm Bay, FL

Zip

Country

32905

BREVARD

3. Mailing Office Address

1501 R.J. Conlan Blvd

Suite, Apt. #, etc.

170

City & State

Palm Bay, FL

Zip

Country

32905

BREVARD

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/7/1995

5. FEI Number

59-3341448

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

Lois A. Fredricka, Inc

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

1501 R.J. Conlan Blvd NE

Suite, Apt. #, Etc.

170

City

Palm Bay

State

FL

Zip Code

32905

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

Lois A. Fredricka

REGISTERED AGENT MUST SIGN

Date 12/6/02

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	DARLENE RUSSELL	2551 CLINTON DR NE PALM BAY, FL. 32905	

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:

Lois A. Fredricka

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lois A. Fredricka

12/6/02

Date

321-308-0660

Daytime Phone #

Lois A. Fredricks, Inc.

Tax Accountant

Enrolled to Represent Taxpayers before IRS • Accredited Tax Advisor
National Society of Accountants
National Association of Enrolled Agents

December 6, 2002

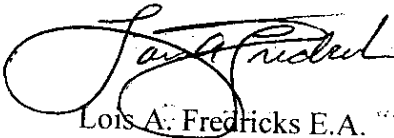
Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL., 32302-1500

Re: Suncoast Irrigation and Landscaping, Inc.
C/O Lois A. Fredricks, Inc.
1501 R.J. Conlan Blvd. NE. Suite 170
Palm Bay, FL., 32905

Enclosed is a check for \$150. for the fee for the Corporate Annual Report. Once again my client never received the notice, and would like to request that the penalty be abated. I would like to change the address of the corporation to my office so I can make sure the client gets the notice and pays it immediately.

Thank you for your time and patience.

Sincerely,



Lois A. Fredricks E.A.

100 Rialto Place • Suite 530
Melbourne, FL 32901
(321) 951-8000 • Fax: (321) 951-8911

1501 R. J. Conlan Blvd. • Suite 170
Palm Bay, FL 32905
(321) 308-0660 • Fax: (321) 308-0662