

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

97 OCT 31 PM 4: 34

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P96000010572**

1. Corporation Name

SUNCOAST FINANCIAL GROUP, INC.

Principal Place of Business

Mailing Address

~~9875 50 AVENUE NORTH~~
~~SAINT PETERSBURG FL 33708~~

9875 50 AVENUE NORTH
SAINT PETERSBURG FL 33708



97/00

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

02/02/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

~~9874 INDIAN KEY TRI.~~
~~SEMINOLE, FLORIDA~~

9874 INDIAN KEY TRAIL
SEMINOLE, FLORIDA

59-3356977

Not Applicable

Zip ~~33776~~ Country ~~USA~~

Zip 33776 Country U.S.A

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)

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
P	LE GENDRE, L.M.	9875 50 AVENUE NORTH 9874 INDIAN KEY TRI.	SAINT PETERSBURG FL 33708 SEMINOLE, FL 33776
STD	LE GENDRE, PETER F	9875 50 AVENUE NORTH SAME AS ABOVE	SAINT PETERSBURG FL 33708
			800002337688--4 --11/04/97--01058--019 ****173.75 ****173.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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.

Signature of Registered Agent

Date

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Peter J. Legendre

10/26/97 813-787-1920

CR2E040 (8/97)

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SUNCOAST FINANCIAL GROUP

October 27, 1997

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed is completed application for Reinstatement of Suncoast Financial Group, Inc.

I have not previously received correspondence from the State of Florida and per Leslie in your office, enclosed is my check in the amount of \$165.00 plus \$8.75 for a Certificate of Status.

Please change your records to reflect new address.

Sincerely,



Peter LeGendre *SECT. TREASURER*