

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

PA0000076982

1. Corporation Name

SUN COAST REALTY GROUP, INC.

93 MAR -5 PM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

REINSTATEMENT

98-99

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

2. New Principal Office Address, If Applicable

3940 BONITA BEACH ROAD

Suite, Apt. #, etc.

City & State

BONITA SPRINGS, FL.

Zip

34134

Country

USA

3. New Mailing Office Address, If Applicable

3940 BONITA BEACH ROAD

Suite, Apt. #, etc.

City & State

BONITA SPRINGS, FL.

Zip

34134

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/17/96

5. FEI Number

65-0695945

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
PDST	THOMAS J. LUKE	11488 MAILLARD COURT	NAPLES, FLORIDA 34119

7000002796857--0

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

THOMAS J. LUKE

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

11488 MAILLARD COURT

Suite, Apt. #, Etc.

City

NAPLES

State

Zip Code

FL

34119

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

Thomas J. Luke

REGISTERED AGENT MUST SIGN

Date

3-4-99

11. This corporation owes 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:

Thomas J. Luke

THOMAS J. LUKE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-99

Date

Daytime Phone #

941-992-8482



ACCOUNT NO. : 072100000032

REFERENCE : 158774 7178778

AUTHORIZATION :

COST LIMIT : \$ 900.00

ORDER DATE : March 5, 1999

ORDER TIME : 1:52 PM

ORDER NO. : 158774-005

CUSTOMER NO: 7178778

CUSTOMER: Mr. Thomas J. Luke
Century 21 Suncoast Realty
3940 Bonita Beach Road

Bonita Springs, FL 34134

DOMESTIC FILINGS

NAME: SUN COAST REALTY GROUP, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Robert Maxwell

EXAMINER'S INITIALS _____

RECEIVED
MAR -5 PM 3:52
CSC
TALLAHASSEE, FLORIDA

7082