

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 APR 27 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000077471

1. Corporation Name

Florida Suncoast IMPORT and EXPORT, INC.

2. Principal Office Address

3637 4th Street N.

Suite, Apt. #, etc.

Suite 230

City & State

St. Petersburg FL

Zip

33704

Country

US

3. Mailing Office Address

3637 4th Street North

Suite, Apt. #, etc.

Suite 230

City & State

St. Petersburg FL

Zip

33704

Country

US

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

9/18/1996

5. FEI Number

59-3415460

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

John C. Bodziak

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

3637 4th Street North

Suite, Apt. #, Etc.

Suite 230

City

St. Petersburg

State

FL

Zip Code

33704

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

REGISTERED AGENT MUST SIGN

Date 4/25/2001

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
P	John C. Bodziak	3637 4 th Street North Suite 230	St. Petersburg FL 33704

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2001

Date

(727) 822-2207

Daytime Phone #

CR2E081 (9/00)