

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 NOV 19 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000053437

1. Corporation Name

SUNCOAST INSTITUTE OF TECHNOLOGY, INC.

Principal Place of Business

8040 N FLORIDA AVE
SUITE A
TAMPA FL 33612
US

Mailing Address

8040 N FLORIDA AVE
SUITE A
TAMPA FL 33612
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/28/1997

5. FEI Number

59-3414203

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

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	4 City / State / Zip
D	PARRAMORE, JOSEPH S	610 47TH AVENUE NORTH	ST. PETERSBURG FL 33703
D	SWANK, GERALD E	610 47TH AVENUE NORTH	ST. PETERSBURG FL 33703

200003060502--4
12/03/93-01055-007
***785.00 ***785.00

8. Name and Address of Current Registered Agent

GILBERT, JONATHAN S
101 E. KENNEDY BLVD.
SUITE 3700
TAMPA FL 33602

9. Name and Address of New Registered Agent

Name
Joseph S. PARRAMORE
Street Address (P.O. Box Number is Not Acceptable)
9340 N Florida Ave
Suite, Apt. #, Etc.
A
City
Tampa
State
FL
Zip Code
33612

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

REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/16/95

11. 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:

REQUIRED
Signature and Typed or Printed Name of Signing Officer or Director
Joseph S. PARRAMORE 10/20/99 (813) 935-9133
Date Daytime Phone #

KE