

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # **P97000063669**

1. Corporation Name

SUNCOAST REDEVELOPMENT, INC.

Principal Place of Business

5514 PARK BOULEVARD
PINELLAS PARK FL 33781

Mailing Address

5514 PARK BOULEVARD
PINELLAS PARK FL 33781

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

07/22/1997

5. FEI Number

59-3526854

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	City / State / Zip 4
D	ASHLEY, DALE W	5514 PARK BOULEVARD	PINELLAS PARK FL 33781
D	GAGE, C. VERNON	2390-118TH AVENUE NORTH	ST. PETERSBURG FL 33716
D	BRODERICK, ROGER B	5514 PARK BOULEVARD	PINELLAS PARK FL 33781
			500003480415--8 -11/30/00--01007--003 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

ASHLEY, DALE W
5514 PARK BOULEVARD
PINELLAS PARK FL 33781

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Signature of Ashley Dale W
REGISTERED AGENT MUST SIGN

Date 11/7/00

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:

Signature of Ashley Dale W
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/7/00 727-544-1492
Date Daytime Phone