

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT



DEPARTMENT OF BANKING AND FINANCE  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

DOCUMENT # P97000077020

1. Corporation Name

SUNCOAST SLEEP LABORATORY, INC.

Principal Place of Business

Mailing Address

2828 S. MCCALL RD., STE 25  
ENGLEWOOD FL 34223

2828 S. MCCALL RD., STE 25  
ENGLEWOOD FL 34223

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.

Ste 26

Suite, Apt. #, etc.

Ste 26

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

09/05/1997

5. FEI Number

65-0779967

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)

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
X	CISLO, DAVID G	721 BUCKSKIN CT.	ENGLEWOOD FL 34223
D	ROBERTSON, DONALD W	1055 BAYSHORE DR.	ENGLEWOOD FL 34223
			600002765256--3 -02/04/99--01101--015 ****150.00 ****150.00
			600002765256--3 -02/04/99--01101--016 ****158.75 ****158.75

8. Name and Address of Current Registered Agent

PAUL, JERRY S  
18401 MURDOCK CIR.  
PT. CHARLOTTE FL 33948

9. Name and Address of New Registered Agent

Name Don Robertson  
Street Address (P.O. Box Number is Not Acceptable) 1055 Bayshore Dr.  
Suite, Apt. #, Etc.  
City Englewood  
State FL Zip Code 34223

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

REGISTERED AGENT MUST SIGN

Date

1/18/97

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 #

1/18/97

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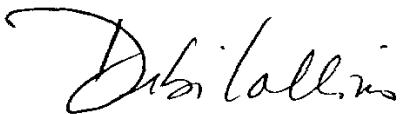
**SUNCOAST SLEEP LABORATORY, INC.**  
2828 S. McCall Rd., Suite 26, Englewood, Florida 34223

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

Dear Sirs,

Back in April 1998 we filed our annual report form with a check for \$158.75. We sent the additional amount to get a Certificate of Status. The next correspondence from your office was a Notice of Dissolution. Recently we called your office, which told us to send a note explaining that we had sent a check and that it has never been processed. They also said to send a copy of the original form. We never kept a copy as we have never had a problem like this before. They also said to send a copy of the original check. But since the check has never cleared the bank, we cannot get a copy of the check. We can tell you it was check number 597 for \$158.75. With this letter you will find another check for \$158.75 and the reinstatement form with corrections. Thank you for your help in straightening out this matter. If I can be of any assistance please feel free to call at (941)474-1511.

Sincerely,



Debi Collins  
Office Manager