

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR -1 PM 4:00

1042

DOCUMENT # 997000087506

1. Corporation Name

SUNCOAST ACTION MANAGEMENT, INC

2. Principal Office Address

8805 79th PLACE N

Suite, Apt. #, etc.

City & State

Seminole, FL

Zip

33777

Country

3. Mailing Office Address

8805 79th PLACE N

Suite, Apt. #, etc.

City & State

Seminole, FL

Zip

33777

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/09/97

5. FEI Number

59-3482-106

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

WILLIAM J RAE

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

8805 79th PLACE N

Suite, Apt. #, Etc.

City

SEMINOLE

State

FL

Zip Code

33777

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

William J Rae

REGISTERED AGENT MUST SIGN

Date 3-28-2002

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
President	WILLIAM J RAE	8805 79 th PLACE N	Seminole, FL 33777
Controller	TAMMY L. RAE	8805 79 th PLACE N	Seminole, FL 33777
Treasurer			

AD

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:

William J Rae

WILLIAM J RAE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-02

Date

727-3928404

Daytime Phone #

CR2E081 (9/01)

3-28-02 -J-

To Whom it may Concern,

Please be advised that I never received any notification of corporation papers. I was told that the current 2001 papers were sent to an old address on Ridgeland Dr which was not even the correct address for the original registered agent. I am requesting waiver of all penalties and have included the correct amount to bring this corporation current. Thank you for your assistance.

William J. Rae
President Suncoast Action Fund