

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000022086**

1. Corporation Name

Suncoast Data Supply, Inc.

REINSTATEMENT 07-10

300171023903
03/02/10--01027--009 **600.00

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #

10086 Seminole Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

10086 Seminole Blvd.

Suite, Apt. #, etc.

City & State

Seminole, Florida

City & State

Seminole, Florida

Zip

33772

Country

Pinellas

Zip

33772

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/09/1998

5. FEI Number

59-3500641

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

7. Name and Address of Current Registered Agent

Name **Bernardi, Ralph I.**

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

10086 Seminole Blvd.

Suite, Apt. #, Etc.

City

Seminole

State

FL

Zip Code

33772

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

Ralph I. Bernardi

Date **2/25/10**

REGISTERED AGENT MUST SIGN

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	Bernardi, Ralph I.	10086 Seminole Blvd.	Seminole, FL 33772

10. E-mail Address: **ralph 0409@yahoo.com**

(To be used for future annual report notification)

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. I further certify, 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:

Ralph I. Bernardi

Ralph I. Bernardi

2/25/10

(727)399-1724

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #