


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 28 PM 12:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

<b>CORPORATION REINSTATEMENT</b>				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000043711					
1. Corporation Name SUNCOAST PERFUSION SERVICES INC					
2. Principal Office Address 8345 BIG ACORN CIRCLE			3. Mailing Office Address P.O. BOX 112979		
Suite, Apt. #, etc. #604			Suite, Apt. #, etc.		
City & State NAPLES, FL			City & State FL		
Zip 34119	Country USA	Zip 34108	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 05/14/1998	
				5. FEI Number 59-3510723	Applied For Not Applicable
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

7. Name and Address of Current Registered Agent			
Name TOTTERDALE, BRUCE A.			
Street Address (P.O. Box Number is Not Acceptable) 8345 BIG ACORN CIRCLE			
State, Apt. #, Etc. #604			
City NAPLES	State FL	Zip Code 34119	

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: *Raelene Totterdale* Date: 10/17/03

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
D	TOTTERDALE, BRUCE A.	8345 BIG ACORN CIRCLE, #604	NAPLES, FL 34119
VP	TOTTERDALE, RAELENE	8345 BIG ACORN CIRCLE, #604	NAPLES, FL 34119

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)(c), 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: *Raelene Totterdale* Date: 10/17/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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