

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P98000099193**

1. Corporation Name

**SUNCOAST CABINETRY, INC.**

Principal Place of Business

1908 15TH AVE DR W  
BRADENTON FL 34205

Mailing Address

1908 15TH AVE DR W  
BRADENTON FL 34205

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

11/23/1998

5. FEI Number

65-0878736

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	4 City / State / Zip
PTD	NATTRESS, DON	1908 15TH AVE DR W	BRADENTON FL 34205

600023855446  
10/16/03--01050--008 \*\*150.00

8. Name and Address of Current Registered Agent

NATTRESS, DON  
1908 15TH AVE DR W  
BRADENTON FL 34205

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/03

Date

941-741-8568

Daytime Phone #

Suncoast Cabinetry INC.  
1908 15th Ave DR.W.  
Bradenton FL.  
34205.

To whom it may concern.

This is to inform you that I have not received  
Any prior UBR notices. In the past I have followed  
thru on filling & hope you can overlook  
this situation. Thankyou for considering my  
Application for Reinstatement.

Yours truly  
Donald Roth  
President