

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 26 PM 5:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000017083

1. Corporation Name

SUNCOAST HARVESTING & HAULING, INC.

JS

REINSTATEMENT 00-02

400009746224
12/30/02--01097--011 **1050.00

2. Principal Office Address
342 EASTON COURT

3. Mailing Office Address
342 EASTON COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
LEHIGH ACRES, FL

City & State
LEHIGH ACRES, FL

Zip
33972

Country
USA

Zip
33972

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 02/22/1999

5. FEI Number
65-0900 344

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
JAMES W. DICKINSON

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

Suite, Apt. #, Etc.

City
LEHIGH ACRES, FL

State
FL Zip Code
33972

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 *James W. Dickinson*
REGISTERED AGENT MUST SIGN

Date 12/27/02

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/D	JAMES W. DICKINSON	342 EASTON COURT	LEHIGH ACRES, FL 33972
D	PAMELA DICKINSON	342 EASTON COURT	LEHIGH ACRES, FL 33972

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: *James W. Dickinson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12/27/02 (239) 707-3606
Daytime Phone #

CR2E081 (9/01)