

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

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

DOCUMENT # P99000043334

1. Corporation Name

SUNSTATE ENTERPRISES OF PINELLAS, INC.

Principal Place of Business

3628 BEACH DR. S.E.  
ST. PETERSBURG FL 33705

Mailing Address

3628 BEACH DR. S.E.  
ST. PETERSBURG FL 33705

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/10/1999

5. FEI Number

59-3575119

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PS	COLOMBO, JOAN R JOHN	3628 BEACH DR SE	SAINT PETERSBURG FL 33705

000004686240--5  
-11/16/01--01105--020  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

IZZO, JOHN P  
180 N. INDIAN AVE., STE. 5  
ENGLEWOOD FL 34223

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.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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 REQUIRED  
JOHN R. COLOMBO

Date

Daytime Phone #

(727) 898-4789

202

SUNSTATE ENTERPRISES OF PINELLAS INC  
3628 Beach Drive SE  
St. Petersburg, FL 33705  
October 17, 2001

Florida Department of State  
Katherine Harris, Secretary of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

RE: 59-3575119, Sunstate Enterprises of Pinellas, Inc.  
Document #P99000043334

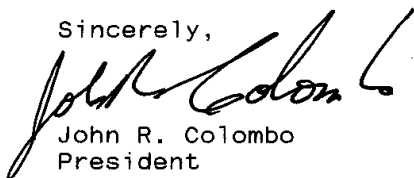
To Whom It May Concern:

I have enclosed the renewal fee of \$150.00 for the Corporation Annual Report of the above named corporation.

Please be advised, I did not receive notice to renew the active status prior to receipt of the dissolution notice. We have searched all possible locations for this notice and am sure the it was not received.

I wish to maintain the active status for Sunstate Enterprises of Pinellas, Inc.

Sincerely,

  
John R. Colombo  
President