PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ACCEPTED AND FILED

03 MAY 20 AM 6:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

300020418763
06/03/03--01041--006 **450.00

**DOCUMENT #** P99000046563

**1.** Corporation Name
SUNCOAST PROFESSIONAL INSPECTION SERVICES, INC.

2001-2003 UBR

| **2.** Principal Office Address | **3.** Mailing Office Address |
|---|---|
| 7618 PAR AVE N | PO BOX 48065 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: ST. PETERSBURG, FL | City & State: ST. PETERSBURG, FL |
| Zip: 33710 Country: PINELLAS | Zip: 33743-8065 Country: PINELLAS |

**4.** Date Incorporated or Qualified To Do Business in Florida: 5/12/99

**5.** FEI Number: 593578867 — Applied For ☐ Not Applicable ☐

**6.** CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

**7.** Name and Address of Current Registered Agent

Name: DAVID MICHAEL PATTERSON

Street Address (P.O. Box Number is Not Acceptable): 7618 PAR AVE N

Suite, Apt. #, Etc.:

City: ST. PETERSBURG | State: FL | Zip Code: 33710

**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: _____ Date: 5/16/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

**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 |
|---|---|---|---|
| PRES | DAVID MICHAEL PATTERSON | 7618 PAR AVE N | ST. PETERSBURG, FL 33710 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**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:** _____ DAVID MICHAEL PATTERSON 5/16/03 727-381-4663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SUNCOAST
PROFESSIONAL INSPECTION SERVICES, INC.
YOUR INSPECTION EXPERTS
P. O. BOX 48065, ST. PETERSBURG, FL 33743-8065 PHONE: (727) 381-4663 FAX: (727) 344-2236

May 16, 2003



Florida Department of State
Secretary of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

To All Concerned:

Due to an incorrect address I/we never received any notices and subsequently never made the appropriate payments. Enclosed are the required payments for the Annual Report Fees and Corporate Supplemental Fees for the past three years, totaling $450.00. Please waive the Reinstatement Fee as we were never properly notified.

Our correct address is: PO Box 48065
St. Petersburg, Florida 33743-8065

Or send all correspondence to the Registered Agent.

Please direct any questions or comments to Michael Patterson at 727-381-4663.

Thank you for your assistance.

Sincerely,

Michael Patterson
President, Suncoast Professional Inspection Services, Inc.
State Certified Class "A" General Contractor
CGC055983