

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

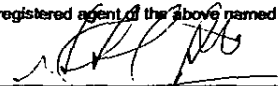
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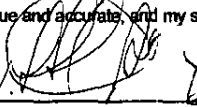
CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 799000046563			
1. Corporation Name SUNCOAST PROFESSIONAL INSPECTION SERVICES, INC.			
2. Principal Office Address 7618 PALM AVE N Suite, Apt. #, etc.		3. Mailing Office Address PO BOX 48065 Suite, Apt. #, etc.	
City & State ST. PETERSBURG, FL		City & State ST. PETERSBURG, FL	
Zip 33710	Country PINELAS	Zip 33743-8065	Country PINELAS

4. Date Incorporated or Qualified To Do Business in Florida 5/12/99	
5. FEI Number 553578867	Applied For ☒ Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐	

7. Name and Address of Current Registered Agent	
Name DAVID MICHAEL PATTERSON	
Street Address (P.O. Box Number is Not Acceptable) 7618 PALM 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	

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 PALM AVE N	ST. PETERSBURG, FL 33710

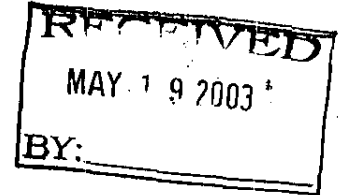
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the 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 #	

CR2E081 (10/02)

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,

[Handwritten signature]

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