


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 02 NOV - 1 AM 9:36
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P99000051858**
 1. Corporation Name
SUNCOAST UNIFORMS, INC.

Principal Place of Business Mailing Address
650 CENTRAL AVE ST PETERSBURG FL 33701 **650 CENTRAL AVE ST PETERSBURG FL 33701**



If above addresses are incorrect in any way, line through incorrect information and enter correction below.
 2. New Principal Office Address, If Applicable **650 Central Ave** Suite, Apt. #, etc.
 3. New Mailing Office Address, If Applicable **P.O. Box 15003** Suite, Apt. #, etc.
 City & State **St. Petersburg** City & State **St. Petersburg**
 Zip **33701** Country Zip **33733** Country

4. Date Incorporated or Qualified To Do Business in Florida **06/04/1999**
 5. FEI Number **59-3583215** 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
PSTD	BALDWIN, MARY M	650 CENTRAL AVE	ST PETERSBURG FL 33701

8. Name and Address of Current Registered Agent
BALDWIN, MARY M
650 CENTRAL AVE
ST PETERSBURG FL 33701

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

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 **Mary M Baldwin** REGISTERED AGENT MUST SIGN Date **10/28/02**

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)(l), 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** Date **10/28/02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/02)

SUNCOAST UNIFORMS, INC

656 CENTRAL AVENUE
ST. PETERSBURG, FL 33701

Phone PHONE/FAX 727-864-4246

October 28, 2002

Division of Corporations
Annual Report Reinstatement
P.O. Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern,

I received today a Notice of Administrative Dissolution. This is a mistake. I have never received notification of renewal of my business. As of September I changed my physical address as well as my mailing address. All corrections are on reinstatement form.

I am a small minority business who cannot afford this reinstatement fee of \$750.00. Please consider the information I have provided in determining your assessment.

I have enclosed the original filing fee of \$150.00 to reinstate my business. If you have any questions my new business number is (727) 864-4246.

Sincerely,


Mary Baldwin
President/Owner

SPECIALIZING IN GROUP SALES WITH PERSONALIZED SERVICE