

Doc #: 99000060520

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

04 APR -8 AM 7:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

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04/07/04--01066--011 \*\*308.75

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> 99000060520			
<b>1. Corporation Name</b>  SUNCOAST FINANCIAL SERVICES OF THE PALM BEACHES, INC.			
<b>2. Principal Office Address</b> 9345 CASCADE COURT  Suite, Apt. #, etc. FIRST FLOOR  City & State BOYNTON BEACH  Zip 33437  Country USA		<b>3. Mailing Office Address</b> 9345 CASCADE COURT  Suite, Apt. #, etc. FIRST FLOOR  City & State BOYNTON BEACH  Zip 33437  Country USA	

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 06/14/1999	
<b>5. FEI Number</b> 65-0920342	<b>Applied For</b> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>		
Name MACKEY, KEITH S.		
Street Address (P.O. Box Number is Not Acceptable) 9345 CASCADE COURT		
Suite, Apt. #, Etc.		
City BOYNTON BEACH	State FL	Zip Code 33437

<b>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.</b>			
Signature of Registered Agent		Date	
REGISTERED AGENT MUST SIGN			
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
PRES	MACKEY, KEITH S	9345 CASCADE COURT	BOYNTON BEACH, FL 33437
<b>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.</b>			
<b>SIGNATURE:</b> <i>Keith S Mackey</i>		<b>Date</b> 3/29/04	<b>Daytime Phone #</b> 561-502-5004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2ED01 (3/1/04)

**TO: FLORIDA DEPARTMENT OF STATE  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
409 EAST GAINES STREET  
TALLAHASSEE, FL 32399  
Reinstatement Division - For Profit Corporation**

**FROM: SUNCOAST FINANCIAL SERVICES  
OF THE PALM BEACHES, INC.  
Keith S. Mackey, President  
9345 CASCADE COURT  
BOYNTON BEACH, FL 33437  
561-502-5004**

**DATE: 03-30-2004**

**DEAR SIR:**

**PLEASE REINSTATE MY LICENSE.**

**THE BILLS WENT TO MY OLD ADDRESS AT 55 PEACHTREE PLACE.**

**I CALLED AND WAS TOLD TO SEND A CHECK FOR \$300.00 AND A LETTER  
EXPLAINING THAT I DID NOT GET THE BILLS.**

**THANK YOU FOR YOUR PROMPT ATTENTION TO THIS MATTER.**

**SINCERELY,**

*Keith S. Mackey 3/30/04*

**KEITH S. MACKEY, PRESIDENT**