

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # S97912

1. Corporation Name

SUNCOAST INVESTMENT CO. OF NAPLES, INC.

2. Principal Office Address

1101 Fifth Avenue S

3. Mailing Office Address

P.O. Box 2293

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, Florida

City & State

Naples, Florida

Zip 34102

Country USA

Zip 34106

Country USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/02/1991

5. FEI Number

650303803

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 95-00

7. Name and Address of Current Registered Agent

Name

Robert E. Weissenborn, Sr.

500003509175-5

Street Address (P.O. Box Number is Not Acceptable)

1101 Fifth Avenue S

12/20/00 01076-022

***1500.00 ***1500.00

Suite, Apt. #, Etc.

City

Naples

State
FL

Zip Code

34102

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

Robert E. Weissenborn Sr.
REGISTERED AGENT MUST SIGN

Date 11/22/2000

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
D	Anna Weissenborn	1101 Fifth Avenue S	Naples, Florida 34102
D	Robert E. Weissen born	1101 Fifth Avenue S	Naples, Florida 34102

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/22/2000

Date

941-262-1771

Daytime Phone #