

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 349383

1. Corporation Name

SUNCOAST GENERATOR AND STARTER SERVICE, INC

Principal Place of Business

3400 70TH AVE N
PINELLAS PARK FL 33781
US

Mailing Address

3400 70TH AVE N
PINELLAS PARK FL 33781
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc:

Suite, Apt. #, etc:

City & State

City & State

Zip

Country

Zip

Country

UBR

FILED

03 JAN -2 PM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07/28/02 90204 025 \$150.00

4. Date Incorporated or Qualified
To Do Business in Florida

07/14/1969

5. FEI Number

59-1267730

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)

Title(s)

Name of Officers
and/or Directors

3

Street Address of Each
Officer and/or Director

4

City / State / Zip

P

~~WACHTEL, JOHN R~~

~~6091 99TH AVE NORTH~~

~~PINELLAS PARK FL 33782~~

P

WACHTEL, JOHN R

6091 99TH AVE N

PINELLAS FL 33782

ST

WACHTEL, PAMELA A

6091 99TH AVE N

PINELLAS FL 33782

T

~~WACHTEL, PATRICIA J~~

~~0169 SUNCREST BLVD~~

~~SEMINOLE FL 33777~~

000009782130
01/02/03--01025--015 **400.00

8. Name and Address of Current Registered Agent

WACHTEL, JOHN R
6091 99TH AVE N
PINELLAS PARK FL 33782

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

John Wachtel SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/21/02

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)(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:

Pamela A Wachtel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/02

Date

727-521-3268

Daytime Phone #

CR2040 (8/02)

Cl Sent 1 out on 4-27-02, today 10-21-02 Received
this notice. We have never received anything else. Please
Waive the reinstatement fee.

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