

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 368130

1. Entity Name
SUNTAMERS, INC.



FILED

09 OCT -1 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2816 5 DEL PRADO BLVD
CAPE CORAL, FL 33904

Mailing Address
2816 5 DEL PRADO BLVD
CAPE CORAL, FL 33904

2. Principal Place of Business - No P.O. Box #
2816-5 DEL PRADO BLVD. S

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT 5

City & State
CAPE CORAL FL

City & State
FL

Zip
33904

Country
USA

Zip
33904

Country
U.S.A



REINSTATEMENT 09

4. FEI Number
59-1299804

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FISHER, LEIGH, M
1420 SE 47TH STREET
CAPE CORAL, FL 33904

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2010, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
WELTER, CATHERINE A
1927 SE 31 STREET
CAPE CORAL, FL 33904 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900161247389
10/01/09--01044--007 **158.75 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
WELTER, JOHN T
1927 SE 31 STREET
CAPE CORAL, FL, FL 33904 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
INCARDONA, KATHERINE J.
1927 SE 31ST ST.
CAPE CORAL, FL 33904 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John T. Welter

JOHN T. WELTER PRES. 9/29/09 292-4755