

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 646839

1. Entity Name
SUNCOAST INVESTMENT SERVICES, INC.



FILED

04 NOV -1 PM 4: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
4933 17TH ST E
BRADENTON, FL 34203 US

Mailing Address
4933 17TH ST E
BRADENTON, FL 34203 US

2. Principal Place of Business

4802 51ST ST W

3. Mailing Address

4802 51ST ST. W.

Suite, Apt. #, etc.

1122

Suite, Apt. #, etc.

1122

10262004

REIN-P

CR2E098 (6/04)

City & State

Bradenton

City & State

Bradenton

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

34210

Country

USA

Zip

34210

Country

USA

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

BURKHOLDER, DAVID E
4933 17TH ST E
BRADENTON, FL 34203

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

David E Burkholder

(NOTE: Registered Agent signature required when reinstating)

DATE

10-28-04

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
BURKHOLDER, DAVID E.
4933 17TH ST E
BRADENTON, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary - Vice President
TISHA A. Burkholder
4802 51ST ST. W.
Bradenton, FL 34210 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
David E Burkholder Pres/Trust
David E. Burkholder
4802 51ST ST. W.
Bradenton, FL 34210 ☒ Change ☐ Addition

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

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

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

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 exemption stated in Section 119.07(3)(i), 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:

David E Burkholder

DAVID E. Burkholder

10-28-04

941-761-3435

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #