


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # G91570</b>		
1. Entity Name <b>SUNCOAST RESORT PROPERTIES, INC.</b>		

Principal Place of Business <b>12901 GULF LANE SUITE 100 MADEIRA BEACH, FL 33708</b>	Mailing Address <b>12901 GULF LANE SUITE 100 MADEIRA BEACH, FL 33708</b>
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2. Principal Place of Business <b>2105 LITHIA PINECREST</b>	3. Mailing Address <b>P.O. Box 1902</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>VALRICO, FL</b>	City & State <b>BRANDON, FL</b>
Zip <b>33594</b>	Zip <b>33509</b>
Country <b>HILLSBOROUGH</b>	Country <b>HILLSBOROUGH</b>

**FILED**  
06 NOV 14 AM 11:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10242006 REIN-P CR2E098 (11/05) **OK**

4. FEI Number <b>59-2389760</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>ROCKWELL, MELANIE 2105 LITHIA PINECREST ROAD VALRICO, FL 33594</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2007, Fee will be \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROCKWELL, MELANIE 2105 LITHIA PINECREST ROAD VALRICO, FL 33594 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>200081352362</b> <b>10/31/06--01016--009 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ETZER, DOLORES 2105 LITHIA PINECREST ROAD VALRICO, FL 33594 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROCKWELL, JOHN 2105 LITHIA PINECREST ROAD VALRICO, FL 33594 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	<b>MELANIE ROCKWELL</b>	10/24/06	813 503 5308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #