

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 AUG 27 PM 3:58 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000001271

1. Corporation Name

SUNCOAST HEALTHCARE EXECUTIVES, INC.

2. Principal Office Address - No P.O. Box #

400 N. ASHLEY DR

Suite, Apt. #, etc.

1400

City & State

TAMPA FL

Zip

33602

Country

USA

3. Mailing Office Address

P.O. BOX 18561

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33679

Country

USA

REINSTATEMENT 07-10

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

02/06/04

5. FEI Number

20-0704520

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BRENT METZLER

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

201 E. KENNEDY BLVD SUITE 1111

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33602

900184786529
08/27/10--01054--001 **420.00

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

BRENT METZLER

Date 8/19/10

REGISTERED AGENT MUST SIGN

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
P	SHYAM MUNDRA	400 W. ASHLEY DR SUITE 1400 TAMPA, FL 33602	TAMPA, FL 33602
TREAS.	BRENT METZLER	201 E. KENNEDY BLVD SUITE 1111	TAMPA, FL 33602
BOARD	MELANIE SCHWER	13014 N. DALE MARY #125	TAMPA, FL 33618

10. E-mail Address: bmetzler@meeksINTERNATIONAL.com

(To be used for future annual report notification)

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. I further certify, 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:

BRENT METZLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/19/10

Date

813-227-9100

Daytime Phone #