

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000105081

1. Entity Name
SUNCOAST RECORDS MANAGEMENT SOLUTIONS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 21 PH 3:24

Principal Place of Business

2751 WINDSOR OK
FT MYERS, FL 33905

Mailing Address

2751 WINDSOR OK
FT MYERS, FL 33905

2. Principal Place of Business

2751 Park Windsor Drive
Suite, Apt. #, etc.

3. Mailing Address

2751 Park Windsor Drive
Suite, Apt. #, etc.



02152006 REIN-P CR2E098 (11/05)

City & State

Fort Myers Florida

City & State

Fort Myers Florida

4. FEI Number

55-0876890

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DETHLEFSEN, FRANK U
2751 WINDSOR Drive
FT MYERS, FL 33905 33901

7. Name and Address of New Registered Agent

Name Dethlefsen, Frank

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

2751 Park Windsor Drive

City Fort Myers

FL

Zip Code 33901

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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/20/2006

FILE NOW!!! FEE IS \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete

D
DETHLEFSEN, FRANK U
2751 WINDSOR OK
FT MYERS, FL 33905 33901

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

500069546355
04/05/06--01041--007 ***300.00

TITLE NAME ☐ Delete

D
DETHLEFSEN, CHONG
2751 WINDSOR Drive
FT MYERS, FL 33905 33901

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ 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

3/16/06

Date

Daytime Phone #

3/22/06