

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000079726

**FILED**  
**Aug 25, 2014**  
**Secretary of State**

**Entity Name:** SUN COAST RESIDENTIAL CARE, INCORPORATED

**Current Principal Place of Business:**

813 SW 9TH STREET  
HALLANDALE, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

813 SW 9TH STREET  
HALLANDALE, FL 33009

**New Mailing Address:**

**FEI Number:** 87-0772861

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MUTHRA, ANTHONY  
813 SW 9TH STREET  
HALLANDALE, FL 33009 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: ANTHONY MUTHRA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: MUTHRA, ANTHONY  
Address: 813 SW 9TH STREET  
City-St-Zip: HALLANDALE, FL 33009

Title: D  
Name: MUTHRA, HYACINTH  
Address: 1030 NE 176 STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANTHONY MUTHRA

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PSD

08/25/2014

\_\_\_\_\_  
Date