

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P25219

1. Entity Name
SUN COAST SOFTWARES, INC.



FILED
05 DEC 28 11 3:42
TALLAHASSEE, FLORIDA

Principal Place of Business
1814 ARBOR DRIVE S
PALM HARBOR, FL 34683

Mailing Address
PO BOX 1992
PALM HARBOR, FL 34682



2. Principal Place of Business

3. Mailing Address

12192005 REIN-P CR2E098 (6/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
52-1632002

Applied For
Not Applicable

Zip

Country

Zip

Country

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

DILKES, RACHEL
1814 ARBOR DRIVE SOUTH
PALM HARBOR, FL 34683

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 *Rachel Dilkes* Rachel Dilkes

12/20/05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE VD ☐ Delete
NAME JOHNSON, I. BARBARA
STREET ADDRESS 104 CROSSING WAY
CITY-ST-ZIP FOLSOM, CA 95630

TITLE PD ☐ Delete
NAME JOHNSON, CHRISTOPHER
STREET ADDRESS 104 CROSSING WAY
CITY-ST-ZIP FOLSOM, CA 95630

TITLE ST ☐ Delete
NAME DILKES, RACHEL
STREET ADDRESS 1814 ARBOR DRIVE S
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 300062441999
STREET ADDRESS 12/28/05--01045--005 **758.75
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME REINSTATEMENT 05
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME I. Roberts DEC 28 2005
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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 *Rachel Dilkes* Rachel Dilkes

12/20/05 (727)244-9867

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #