PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 MAY 25 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 05525

1. Corporation Name
National Alliance for the Mentally Ill of Sarasota County, Inc.

REINSTATEMENT 08-11
CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1532 U.S. 41 By-Pass South	1532 U.S. 41 By-Pass South
Suite, Apt. #, etc.: #146	Suite, Apt. #, etc.: #146
City & State: Venice, FL	City & State: Venice, FL
Zip: 34293 Country: USA	Zip: 34293 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/8/1984

5. FEI Number: 59-2464505 ☐ 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: Gerald A. Cashion

Street Address (P.O. Box Number is Not Acceptable): 1007 Princess Lane

Suite, Apt. #, Etc.:

City: Venice State: FL Zip Code: 34293

300208119123
05/25/11--01002--003 **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: Gerald A. Cashion Date: 18 May 2011
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	Gerald A. Cashion	1007 Princess Lane	Venice, FL 34293
V	Jeanne Mott	5809 Beaurivage Ave.	Sarasota, FL 34243
S	Lynn Thierry	816 Ormond St.	Venice, FL 34285
T	Ted Bogusz	6835 Pindo Blvd.	Sarasota, FL 34241
D	Allison Bassi	4613 N. Washington Blvd	Sarasota, FL 34234
D	Sandra Kaiser	3800 Lake Bayshore Dr. #104	Bradenton FL 34205

10. **E-mail Address:** rlthierry@verizon.net
(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Gerald A. Cashion 18 May 2011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #