


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

 <b>CORPORATION</b> <b>REINSTATEMENT</b> 2005 ANNUAL REPT.		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> 05 JAN -7 PM 3:20 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # N 14641					
1. Corporation Name SARASOTA COUNTY ARTS COUNCIL, INC.					
2. Principal Office Address 1226 N. TAMiami TR.		3. Mailing Office Address Suite, Apt. #, etc.		05	
Suite, Apt. #, etc. 300		Suite, Apt. #, etc.			
City & State SARASOTA, FL		City & State			
Zip 34236	Country USA	Zip 34236	Country		
4. Date Incorporated or Qualified To Do Business in Florida				5. FEI Number 59-2710755	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name PATRICIA CASWELL					
Street Address (P.O. Box Number is Not Acceptable) 1226 N. TAMiami TRAIL					
Suite, Apt. #, etc. 300					
City SARASOTA					
State FL					
Zip Code 34236					
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 <i>[Signature]</i> Date 1-3-05 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		
PRES	LARRY THOMPSON	2700 N. TAMiami TRAIL	SARASOTA, FL 34234		
VP	BILL HERMAN	3313 SABAL COVE	LONGBOAT KEY, FL 34228		
VP	MARJORIE PETER	PO BOX 2018	SARASOTA, FL 34230-2018		
VP	GERRI AARDN	1225 N. GULFSTREAM AVE #1402	SARASOTA, FL 34236		
TR	W. BRETT REES	1515 RINGLING BLVD	SARASOTA, FL 34236		
Secy	DIANNE BELK	8437 TUTTLEAVE #402	SARASOTA, FL 34243		
10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: <i>[Signature]</i> PATRICIA CASWELL, E.D. 1-3-05 (941) 365-5118 x302 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E081 (01/04)