## APPLICATION FOR REINSTATEMENT



Secretary of State **DIVISION OF CORPORATIONS** 

**DOCUMENT#** 

Principal Place of Business

SIGNATURE: 1

N16722

1. Corporation Name

ROTARY CLUB	OF SARASOTA	SUNRISE	FOUNDATION.	INC

Mailing Address

16

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C/O_HELEN_LEDGERWOOD C/O_HELEN_LEDGERWOOD 4055_REE_RIDGE_RD 4055_BEE_RIDGE_RD									
SARASTOA-FL 34233						TATER	FNT	KD	
<del>-U6</del>	<del></del>		<del></del>			HEIN	DIVITA		<del></del>
If above addresses are incorrect in any way, line through incorrect information and enter correction below.								00	
The state of the s			ing Office Address, If Applicable		4. Date incorporated or Qualified To Do Business in Florida 09/10/1986				
		Box 595		5. FEI Number			Applied For		
City & State	SOLK!	Flm	City & State	50/A.FL.		6.	59-2307445		Not Applicable
342	30	Country U.S.A:	Zip 342	30 Cour	I.S.A.	CERTIFICATI	E OF STATUS DESIRED		ional Fee required ificate of Status
7. Names	and Street Ad	ddresses of Each Officer and/	or Director (Flo	rida nonprofit corpo	rations must list at lea	ast 3 directors	000035	2631	33
Title(s) 1	tle(s) Name of Officers and/or Directors 2			Street Address of Each Officer and/or Director 3		-01/08/0101013003 4 ****236.25 ****236.25			
PD	PDLEDGERWOOD, HELEN B		-4055:BEE:RIDGE:RD			SARASOTA FL 34233			
- VD>-				- 3890-SPYCLASS HILL RD			SARASOTA FL 34238-		
V0_	) Frank Babox 1519 CLOW			wer cho	er creek or. Sariso			31	
SD	D BLASER, JOHN A		1315 QUAIL DR		SARASOTA FL 34231				
.TD	CANNON			7750 CILVED	PEU DO		CADACOTA EL	24041	
40	GENE			5421 (0)	HARY LAKE	s lane	SARASON	KFL 34	143
0			5486 KELLY DR.		SARASOLK FL. 34233				
								V	
	. 8. Nar	ne and Address of Current	Registered Age	ent		9. Name and /	Address of New Reg	istered Agent	
Name Abx					Name Sby	J A. BLASER			
1				_ ~ ~ ~	Address (P.O. Box Number is Not Acceptable)				
4055 BEE RIDGE RD					1315 WA(1_ Pa_ Suite, Apt. #, Etc.				
SARA	SOTA FL 3	4233			Suite, Apr. #, Etc				
			Δ	$\sim$	SARASO			State Zip Co	231
10. I, being	appointed th	ne registered agent of the abo	ve named corpo	oration, am tamilian	with and accept the o	bligations of Secti	ion 607.0505, R.S.	1	,
Signature o Registered		るるでは、「	1000	ノス三人	4 100		Date 1117	6/200	10
•		RE	GISTERED AG	ENT MUST SIGN-		÷ • •			
this rein owed by	statement ap y the corpora	officer or director or the receivablication, the reason for dissoltion have been paid and the retrue and accurate, and ray signs.	lution has been names of individ	eliminated) the cor luals listed on this f	porate name satisfies orm do not qualify for	the requirements an exemption un	of section 607.0401	or 617.0401, F.S.	., that all fees

FILED 00 DEC 26 AM 10: 15

SECRETARY OF STATE TALLAHASSEE FLORIDA

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