

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 MAY -3 PM 4:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N 9700000 0652

1. Corporation Name  
Sarasota Community Blood Bank  
Foundation, Inc.

2. Principal Office Address  
1760 Mound Street

3. Mailing Office Address  
1760 Mound Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Sarasota, FL

City & State  
Sarasota, FL

Zip Country  
34236 Sarasota

Zip Country  
34236 Sarasota

**REINSTATEMENT** 01-04

4. Date Incorporated or Qualified  
To Do Business in Florida 11/24/1997

5. FEI Number 65-0823005  
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 LPS Corporate Services, Inc. 588835268145  
05/03/04--01053--001 \*\*245.00  
Street Address (P.O. Box Number is Not Acceptable)  
46 North Washington Boulevard, Suite 1  
Suite, Apt. #, Etc.  
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 [Signature] VP LPS Corporate Services, Inc. Date 4/20/04  
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
OV	Mary Lynn Desjarlais	8075 Beneva Rd. S.	Sarasota, FL 34238
DS	Mark Magenheim	4571 Robinhood Trail	Sarasota, FL 34232
DP	James Toale	22 S. Tuttle Avenue #3	Sarasota, FL 34237
DT	James Buck	5207 Hidden Harbor Rd.	Sarasota, FL 34242

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: [Signature] 04.23.2004 (941) 954-1600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/04)