PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY -7 AM 8:08

REINSTATEMENT 02-03

3/18/03 01040 006 236.25

DOCUMENT # N49787

1. Corporation Name

RELEAF SARASOTA COUNTY, INC.

Principal Place of Business	Mailing Address
2620 GRAFTON ROAD SARASOTA FL 34231	2620 GRAFTON ROAD SARASOTA FL 34231

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 07/06/1992

5. FEI Number: 65-0343776 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PED	MALOFF, ELLEN	2620 GRAFTON ROAD	SARASOTA FL 34231
T	EDWARDS, CHARLES	3429 WINDING OAKS DRIVE	LONGBOAT KEY FL 34228
D	HARRIS SENAC, LESLIE	3221 WILLIAMSBURG ST	SARASOTA FL
D	ROBERTS, BETSY	3227 ASHTON RD	SRASOTA FL
D	MEKSRAITIS, JUDY	3336 THORNWOOD RD.	SARASOTA FL 34231

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8. Name and Address of Current Registered Agent

ROBERTS, BETSY
3227 ASHTON RD.
SARASOTA FL 34231

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City | State: FL | Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: Betsy Roberts / Ellen Maloff — REGISTERED AGENT MUST SIGN

Date: 3/11/03

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., 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: Ellen J. Maloff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/03 941 922 3693
Date — Daytime Phone #

5/14/03