

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 OCT 17 AM 11:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 713777

1. Corporation Name

SAVE OUR BAYS ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #

300 South Orange Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

300 South Orange Ave.

Suite, Apt. #, etc.

City & State

Sarasota, FL 34236

Zip

34236

Country

US

City & State

Sarasota, FL 34236

Zip

34236

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

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

F. Gaines Finley

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

300 South Orange Avenue

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34236

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*F. Gaines Finley*

REGISTERED AGENT MUST SIGN

Date 10-15-07

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
D	Jeanne McElmurray	1661 Sunrise Lane	Sarasota, FL 34243
D	Dorothy Mullen	2585 Clematis Street	Sarasota, FL 34239
P, T D	F. Gaines Finley	300 South Orange Ave.	Sarasota, FL 34236

70011088827  
10/17/07--01038--013 \*\*420.00

*\$720/18*

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 contained in Chapter 119, 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:

*F. Gaines Finley*

Pres. F. GAINES FINLEY

10-15-07 941-487

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REINSTATEMENT 04-07  
CR2E081 (1/07)