

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB -4 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 739837

1. Corporation Name

THE ELDERLY HOUSING CORPORATION OF SARASOTA, INC.

2. Principal Office Address

1300 BOULEVARD OF THE ARTS

Suite, Apt. #, etc.

City & State

SARASOTA

Zip

34236

Country

SARASOTA

3. Mailing Office Address

1300 BOULEVARD OF THE ARTS

Suite, Apt. #, etc.

City & State

SARASOTA

Zip

34236

Country

SARASOTA

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/04/1977

5. FEI Number

596001286

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT-99-04

7. Name and Address of Current Registered Agent

Name

RUDY J. VAZMINA

Street Address (P.O. Box Number is Not Acceptable)
1300 BOULEVARD OF THE ARTS

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

Rudy J. Vazmina

Date 01-28-05

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
P	LEON CAMPBELL	3526 PRADO DRIVE	SARASOTA, FL 34235
VP	RICHARD REDDING	2653 22ND STREET	SARASOTA, FL 34234
D	ALEX YOUNG	1655 SPRING CREEK DRIVE	SARASOTA, FL 34239
D	DUANE G. FINGER	295 MORNINGSIDE DRIVE	SARASOTA, FL 34236
D	TREVOR HARVEY	2117 BANNEKEN WAY	SARASOTA, FL 34234
D	PAUL THORPE JR.	157 GARDEN LANE	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.; 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:

Leon Campbell

LEON CAMPBELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/21/05

941-366-9048

Daytime Phone #

P5222

9. Names and Street Addresses of Each Officer and/or Directory

Titles	Name of Officers and / or Directors	Street Address of Each Officer and / or Director	City / State / Zip
D	PAULETTE BLACK	3229 NATURE CIRCLE #107	SARASOTA, FL 34235