

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 APR 14 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **754060**

1. Corporation Name **Sara De Soto Chapter of the
National Society of the Daughters of
the American Revolution**

2. Principal Office Address - No P.O. Box # **1232 12th St.**
3. Mailing Office Address **1232 12th St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Sarasota FL

City & State
Sarasota FL

Zip **34236** Country **USA**

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800174117138
04/14/10--01046--013 **210.00

800174117138
04/05/10--01028--014 **35.00

REINSTATEMENT 07-10

4. Date Incorporated or Qualified
To Do Business in Florida **9-5-1980**

5. FEI Number **59-6153056** 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
Ann Eggers

Street Address (P.O. Box Number is Not Acceptable)
1232 12th St.

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 **Ann Eggers**

Date **4-2-10**

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	Rebecca Morgan	6119 Winchester Pl.	Sarasota FL 34243
T	Lisa Carlton	9420 Sidell Rd	Sidell FL 34266
S	Anne Gilmartin	5564 Bilbao Pl.	Sarasota FL 34288
V	Kim Bonner	9450 Sidell Rd	Sidell FL 34266
V	Cynthia Soulandros	4584 del Sol Blvd. S.	Sarasota FL 34243
D	Ann Eggers	3352 Sea View St.	Sarasota FL 34239

10. E-mail Address: **tbkb5aa@earthlink.net**

(To be used for future annual report notification)

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, further certify 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: **Kim Bonner**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-10 941-724-3950

Date

Daytime Phone #