

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC 27 AM 10:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F07206

1. Corporation Name

C.F.S. VENTURES, INC.

Principal Place of Business

Mailing Address

1777 MAIN STREET
SARASOTA FL 34237

1777 MAIN STREET
SARASOTA FL 34237

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

REINSTATEMENT 96a0

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/18/1990	
City & State		City & State		5. FEI Number	
Zip		Country		59-2151370	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>\$8.75 Additional Fee required for a Certificate of Status</small>	

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PCD	JOHN P. HASHAGEN- KLICH, WILLIAM R	1777 MAIN STREET	SARASOTA FL
TD	NARVAEZ, CHRISTOPHER R.	1777 MAIN ST	SARASOTA FL
VD	KLICH, WILLIAM R. ROWND, STEPHEN M	1777 MAIN STREET	SARASOTA FL
VD	RAY SANDHAGEN	1777 MAIN STREET	SARASOTA FL
VD	BOLAND, EDWARD N.	1777 MAIN STREET	SARASOTA FL
V	HEDDEN, GAIL S.	1777 MAIN STREET	SARASOTA FL

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
BOLAND, EDWARD N 1777 MAIN STREET SARASOTA FL 34238		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		400002043954--9 01/03/97 01022 018 ***375.00 ***375.00 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.

Signature of Registered Agent: [Signature] **REQUIRED** Date: 12/19/96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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] **REQUIRED** Date: 12/19/96 (941) 951-3160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR