

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 DEC 19 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 459011

1 Corporation Name ~~LOBBY GROUP, INC.~~
CHERMAR CORPORATION OF SARASOTA, INC.

Principal Place of Business
% 1605 Main Street,
Suite 1001
Sarasota, FL 34236

Mailing Address
% 1605 Main Street,
Suite 1001
Sarasota, FL 34236

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

2 New Principal Office Address, If Applicable
1605 Main Street, #1001

3 New Mailing Address, If Applicable
1605 Main Street, #1001

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State
Sarasota, FL 34236

City & State
Sarasota, FL 34236

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4 Date Incorporated or Qualified
To Do Business in Florida

05/28/1985

5 FEI Number

59-2551535

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PST	WOOD, MARK A.	1605 Main Street, Suite 1001	Sarasota, FL 34236

700002037127-7
-12/24/96-01103-026
****375.00 ****375.00

JB12-19-96

8 Name and Address of Current Registered Agent

9 Name and Address of New Registered Agent

WOOD, MARK A.
5663 Lawton Dr., Unit B
Sarasota, FL 34233

Name
Stanley A. Goldsmith
Street Address (P.O. Box Number is Not Acceptable)
1605 Main Street,
Suite, Apt. #, Etc.
Suite 1001
City
Sarasota
State
FL
Zip Code
34236

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

Stanley A. Goldsmith

REGISTERED AGENT MUST SIGN

Date

9/25/96

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stanley A. Goldsmith

Date

12/6/96

Daytime Phone #

CR20040 (12/95)