

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 AUG -9 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J28257

1. Corporation Name

SARASOTA GOLF ASSOCIATES, INC.

2. Principal Office Address

5800 LAKEWOOD RANCH BLD

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34240

Country

SARASOTA

3. Mailing Office Address

5800 LAKEWOOD RANCH BLD

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34240

Country

SARASOTA

REINSTATEMENT 04-06

RANCH BLDG CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

N/A

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

KENNETH D. SMITH

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

5800 LAKEWOOD RANCH BLD.

Suite, Apt. #, Etc.

City

SARASOTA

State  
FL

Zip Code

34240

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

REGISTERED AGENT MUST SIGN

Date

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	JONES, JR H.	4274 BOC POINT DR	SARASOTA, FL 34231
D	SMITH, KENNETH D.	5800 LAKEWOOD RANCH BLD	SARASOTA, FL 34240
DVP	BLEKICKI, ROBERT	4238 MANGROYE PL	SARASOTA, FL 34241 800079046938 08/23/06--01025--007 **1050.00

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:

*Kenneth D. Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth D. Smith

Date

8/4/06

Daytime Phone #

941/921-4636