

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K53345**

1. Corporation Name

SARASOTA AMUSEMENT ENTERPRISES, INC.

Principal Place of Business

5131 WAUCHULA RD
MYAKKA CITY FL 34251-6720
US

Mailing Address

5131 WAUCHULA RD
MYAKKA CITY FL 34251-6720
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/22/1988

5. FEI Number

59-2937483

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	COLEGROVE, LESTER H.	5131 WAUCHULA RD	MYAKKA CITY FL
D	ROSIN, ROBERT P.	2033 MAIN ST #400	SARASOTA FL

400023766104
10/13/03-01097-027 **150.00

8. Name and Address of Current Registered Agent

~~ROSIN, ROBERT P.~~
~~4000 MAIN STREET~~
~~SUITE 210~~
~~SARASOTA FL 34230~~

9. Name and Address of New Registered Agent

Name

LESTER COLEGROVE

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

5131 WAUCHULA ROAD

Suite, Apt. #, Etc.

MYAKKA CITY

City

State

FL

Zip Code

34251

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. or 617.0505, F.S.

Signature of
Registered Agent

Lester Colegrove

REGISTERED AGENT MUST SIGN

Date

10/11/03

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 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:

Lester Colegrove
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/11/03

Daytime Phone #

941-322-2323

CR2ED40 (7/03)

SARASOTA AMUSEMENT ENTERPRISES, INC.

5131 Wauchula Road

Myakka City, Florida 34251

October 10, 2003

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Gentlemen:

Enclosed please find the Application for Reinstatement for Sarasoata Amusement Enterprises, Inc. Per my phone conversation with your office, I did not receive any forms prior to this one. I have completed it and am including a check in the amount \$150.00 per your instructions.

Trust you will find the completed form and check in order and if you have any questions, please give me a call.

Sincerely,


LESTER COLEGROVE

Encl.