

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N00000001383

1. Corporation Name  
 CITIZENS FOR A BETTER MANATEE, INC.

FILED  
 02 JAN 17 AM 11:45  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
 239 U.S. 301 BLVD. E. SUITES C & D BRADENTON FL 34208  
 239 U.S. 301 BLVD. E. SUITES C & D BRADENTON FL 34208



04-00-01 90057 001 \$61.25

If above addresses are incorrect in any way, line through incorrect information and enter correction below.  
 2. New Principal Office Address, If Applicable  
 415 32<sup>ND</sup> STREET WEST  
 Suite, Apt. #, etc.  
 City & State  
 BRADENTON FL  
 Zip 34205 Country USA

3. New Mailing Office Address, If Applicable  
 415 32<sup>ND</sup> STREET WEST  
 Suite, Apt. #, etc.  
 City & State  
 BRADENTON FL  
 Zip 34215 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 03/02/2000  
 5. FEI Number 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	4 City / State / Zip
D	MURPHY, BRIAN	2003 CORTEZ RD. W.	BRADENTON FL 34207
D	JENSEN, REX E	6215 LORRAINE ROAD	BRADENTON FL 34202
<del>D</del>	<del>TALBERT, BRENDA</del> <i>delete</i>	<del>239 U.S. 301 BLVD. E. SUITES C &amp; D</del>	<del>BRADENTON FL 34208</del>
		<del>NO LONGER EMPLOYED HERE.</del>	<del>400004794434--9</del> <del>-01/24/02--01060--007</del> <del>*****1.25 *****1.25</del> <del>CALL W/ ?'S 941 749 7035</del>
D	KARIN GRABLIN	415 32 <sup>ND</sup> ST WEST	BRADENTON FL 34205

8. Name and Address of Current Registered Agent  
 GALVANO, WILLIAM S  
 1023 MANATEE AVENUE WEST  
 BRADENTON FL 34205

9. Name and Address of New Registered Agent  
 Name DAVID WILCOX  
 Street Address (P.O. Box Number is Not Acceptable) 1301 6<sup>TH</sup> AVE WEST  
 Suite, Apt. #, Etc. SUITE 401  
 City BRADENTON  
 400004794434--9  
 -01/24/02  
 \*\*\*\*175. IPL 1341225

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 *David Wilcox*  
 REGISTERED AGENT MUST SIGN  
 Date 1.14.02  
 REINSTATEMENT 01-02-18

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: *Karin Grablin*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date 1-10-01 Daytime Phone # 941-756-2020

CR2E040 (8/01)