

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.

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

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.

3. New Mailing Office Address, If Applicable

415 32<sup>ND</sup> STREET WEST

Suite, Apt. #, etc.

City & State

BRADENTON FL

City & State

BRADENTON FL

Zip

34205

Country

USA

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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> delete	<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>*****51.25 *****51.25</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 AVE WEST

Suite, Apt. #, Etc.

SUITE 401

City

BRADENTON

400004794434--9

-01/24/02--01060--008

\*\*\*\*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

REINSTATEMENT 01-02-18

Date

1.14.02

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:

*David Wilcox*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-10-01 941-756-2020

Daytime Phone #

CR2E040 (8/01)