

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 JAN 24 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000002797

1. Corporation Name

SARASOTA RURAL HERITAGE, INC.

Principal Place of Business

Mailing Address

9100 FRUITVILLE ROAD
SARASOTA FL 34240

9100 FRUITVILLE ROAD
SARASOTA FL 34240



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

REINSTATEMENT

01-02

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/24/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For

☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	ADLER, SYD	9100 FRUITVILLE ROAD	SARASOTA FL 34240
D	ADLER, RITA	9100 FRUITVILLE ROAD	SARASOTA FL 34240
D	HOPKINS, LIZ	9100 FRUITVILLE ROAD	SARASOTA FL 34240
			6/29/01 90002/011
			\$101.25
			300004883183--5
			-02/06/02--01051--001
			****236.25 ****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EARL, WILLIAM L ESQ
EARL, BLANK, KAVANAUGH & STOTTS, P.A.
2 SOUTH BISCAYNE BLVD STE 3760
MIAMI FL 33131

Name
SYDNEY ADLER
Street Address (P.O. Box Number is Not Acceptable)
9100 FRUITVILLE RD.
Suite, Apt. #, Etc.
City
SARASOTA
State
FL
Zip Code
34240

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

1/19/02

11. I certify that I am an officer or director of 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/19/02 941 377-8171

Daytime Phone #

CR2E040 (8/01)