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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 OCT 22 AM 8:01

DOCUMENT # N01000002265

1. Corporation Name

Loving Hands of Sarasota, Inc.

02 UBR

2. Principal Office Address	**3.** Mailing Office Address
4449 Rayfield Drive	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota, Fl	City & State
Zip: 34243 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 3/27/01

5. FEI Number: 65-0188624 ☐ 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: Sherry D. Martin

900008703389
10.30.02 01055 007 **61.25

Street Address (P.O. Box Number is Not Acceptable): 4449 Rayfield Drive

Suite, Apt. #, Etc.:

City: Sarasota | State: FL | Zip Code: 34243

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: Sherry D. Martin — REGISTERED AGENT MUST SIGN — Date: 10/16/02

CR2E081 (9/01)

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	Sherry D. Martin	4449 Rayfield Drive	Sarasota, Fl, 34243
D	Beverly Y. Martin	1925 33rd Street	Sarasota, Fl 34234
D	Edrick D. Sweeting	POB. 1732	Oneco, Fl 34264

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 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: Sherry D. Martin — Sherry D. Martin — 10/16/02 — (941) 355 9599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/24/02 AD

2

10/16/82

To Whom it May Concern:

Loving Hands of Sarasota, Inc., didn't any
previous notices of the uniform
business notice. I have enclose a
money order of $61.25 to have the waiver.

Sincerely,

Sherry D. Mar