

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 21, 2003 8:00 A.M.
Secretary of State

DOCUMENT # **NO1000006124**

1. Corporation Name

**Sarasota Business and Economic Development
Investment Corporation**

2. Principal Office Address

2056 6th STREET

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34237

Country

USA

Zip

34237

Country

USA

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01/21/03--01072--011 **236.25

REINSTATEMENT 02

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/27/2001

5. FEI Number

03-0402206

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

Trevor D. Harvey

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

2056 6th STREET

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34237

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

Trevor D. Harvey
REGISTERED AGENT MUST SIGN

Date

1/8/03

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
Pres.	Trevor D. Harvey	2056 6th STREET	Sarasota, FL 34237
Vice Pres.	Richard A. Redding	2653 22nd STREET	Sarasota, FL 34234
Treas.	LA Tonya Edwards	3405 56th Terrace East	Bradenton, FL 34203
Sec.	Melanie Thomas	3080 N. Washington Blvd.	Sarasota, FL 34234
D	Ricky Wiggs	2023 N. Tuttle Street	Sarasota, FL 34234
D	April Harvey-Dozier	1320 N. Pompano ST.	Sarasota, FL 34237

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Trevor D. Harvey

Date

1/8/03

Daytime Phone #

(941) 366-3855

CR2E081 (10/02)

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