PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

02 NOV -1 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000007986

REINSTATEMENT 02

1. Corporation Name
Sarasota Fest, Inc.

2. Principal Office Address		**3.** Mailing Office Address	
240 S. Pineapple Avenue		240 S. Pineapple Avenue	
Suite, Apt. #, etc. 205		Suite, Apt. #, etc. 205	
City & State Sarasota, FL		City & State Sarasota, FL	
Zip 34236	Country USA	Zip 34236	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 11/9/01

5. FEI Number 01-0637932 — 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: Kenneth D. Doerr

Street Address (P.O. Box Number is Not Acceptable): 240 S. Pineapple Avenue, 10th Floor

Suite, Apt. #, Etc.:

000008755750
11/01/02 01037-019 **26.25

City: Sarasota | State: FL | Zip Code: 24236

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: [signature] Date: 10/24/02
REGISTERED AGENT MUST SIGN

CR2E031 (5/01)

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
P/T/D	Richard H. Angelotti	240 S. Pinapple Ave., 2nd FL	Sarasota, FL 34236
S/D	Martin J. Rosen	672 Jungle Queen Way	Longboat Key, FL 34228
D	Daniel Kane	614 S. Owl Drive	Sarasota, FL 34236

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] Martin J. Rosen, Secretary 10/24/02 941-366-6660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #