

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 NOV 22 AM 9:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600009167046

11/22/02--01037--002 \*\*70.00



DOCUMENT # **N01000008614**

1. Corporation Name

**WHITESANDS VOLLEYBALL OF SARASOTA, INC.**

Principal Place of Business

**4872 WATERBRIDGE DOWN  
SARASOTA FL 34235-7215**

Mailing Address

**4872 WATERBRIDGE DOWN  
SARASOTA FL 34235-7215**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**12/07/2001**

5. FEI Number

**65-1158174**

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	DEAN, BOBBIE J	4872 WATERBRIDGE DOWN	SARASOTA FL 34235
D	HAUGH, STEVEN S	2564 10 ST	SARASOTA FL 34237
D	RHODES, KELLY D	4622 LONGWATER CHASE	SARASOTA FL 34235

8. Name and Address of Current Registered Agent

**DEAN, BOBBIE J  
4872 WATERBRIDGE DOWN  
SARASOTA FL 34235-7215**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

**FL**

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

**11/11/02**

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**BOBBIE J. DEAN**

Date

**11/11/02**

Daytime Phone #

**941/371-3795**

CR2E040 (8/02)

Whitesands Volleyball of Sarasota, Inc.

4872 Waterbridge Down

Sarasota, Florida 34235

(941) 371-3795

November 14, 2002

Division of Corporations

Annual Report/Reinstatement Section

P. O. Box 6327

Tallahassee, FL 32314-6327

RE: Whitesands Volleyball of Sarasota, Inc.

Document # N01000008614

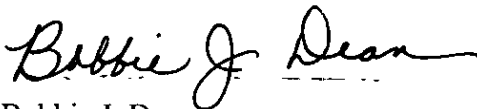
Gentlemen:

Enclosed please find Application for Reinstatement for the above referenced not for profit corporation. This entity was formed in December 2001 and the initial fees were paid at that time.

Please be advised that no further UBR notices were received until this notice of dissolution arrived. It is the intention of Whitesands Volleyball of Sarasota, Inc. to remain an active corporation in the State of Florida.

Please contact us at the above number if you have questions or need additional information.

Very truly yours,



Bobbie J. Dean

Director