

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # N01206

1. Corporation Name

SIESTA KEY VILLAGE MERCHANTS ASSOCIATION, INC.

Principal Place of Business

5202 OCEAN BLVD  
SARASOTA FL 34242

Mailing Address

5035 OCEAN BLVD.  
SARASOTA FL 34242  
US

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

02/02/1984

5. FEI Number

59-2372537

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

99 NOV -5 PM 12:00

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-11/16/99--01052--011  
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REINSTATEMENT 99

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
DP	SYPRETT, TROY D.	5117 SANDY COVE AVE.	SARASOTA FL 34242
DVP	MCCANN, WENDY	5263 OCEAN BLVD.	SARASOTA FL
DS	GOELZ, T.J.	5140 OCEAN BLVD.	SARASOTA FL 34242
DT	REEVES, ANDY	5035 OCEAN BLVD	SARASOTA FL 34242

8. Name and Address of Current Registered Agent

REEVES, ANDY  
SUNBANK  
5035 OCEAN BLVD.  
SARASOTA FL 34242

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.

Signature of  
Registered Agent

*Andy Reeves*  
REGISTERED AGENT MUST SIGN

Date

11/2/99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Andy Reeves*

Date

11/2/99

Daytime Phone #

941-346-4400