

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 AUG 18 AM 9 25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500040285985  
08/18/04--01026--003 \*\*306.25

DOCUMENT # NO2000004366

1. Corporation Name

SARASOTA CENTER OF SPIRITUAL AWARENESS,  
INC.

2. Principal Office Address

7264 ANTIGUA PLACE

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip  
34231

Country

SARASOTA

3. Mailing Office Address

c/o REV. DUFFY RUTLEDGE  
7264 ANTIGUA PLACE

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34231

Country

SARASOTA

4. Date Incorporated or Qualified  
To Do Business in Florida

06-07-2002

5. FEI Number

010731343

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

ROSS PFINGSTEN

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

9526 59TH AVENUE EAST

Suite, Apt. #, Etc.

City

BRADENTON

State

FL

Zip Code

34202

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

*Ross Pfingsten*

REGISTERED AGENT MUST SIGN

Date

8-14-04

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	GAIL RUTLEDGE	7264 ANTIGUA PLACE	SARASOTA, FL 34231
V/S	KATHI BRUSCEMI	4145 PALAU DRIVE	SARASOTA, FL 34241
T	DONNA PIHL	412 SOUTH SHORE DRIVE	SARASOTA, FL 34234

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:

*Kathi BrusceMI* KATHI BRUSCEMI, V/S

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-06-04

Date

941-379-3179

Daytime Phone #

CR2001 (01/04)