

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000009426

1. Corporation Name

SARASOTA COUNTY FOSTER/ADOPTIVE PARENT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

900 THE RIALTO
VENICE FL 34285
US

900 THE RIALTO
VENICE FL 34285
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2410 Casey Key Rd
Nokomis FL
34275 USA

REINSTATEMENT

03



400023907284
10/17/03--01055--016 **61.25

4. Date Incorporated or Qualified
To Do Business in Florida

12/09/2002

5. FEI Number

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	ADINOLFI, ARLYN S	900 THE RIALTO	VENICE FL 34285
VP	MEREDITH, LEE	2410 CASY KEY RD.	NOKOMIS FL 34275
S	CAMARATA, LESLIE	826 CUMBERLAND RD	VENICE FL 34293
T	KRIZEN, NANCY	2324 PINEHURST	SARASOTA FL 34231

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ADINOLFI, ARLYN S
900 THE RIALTO
VENICE FL 34285

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

Arlyn S Adinolfi
REGISTERED AGENT MUST SIGN

Date

10-10-03

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:

Arlyn S Adinolfi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-488-7036

10-10-03

CR20040 (7/03)

PREPARED BY	
DATE	

To whom it may concern:

I did not receive a request for an annual report.

As per our conversation enclosed please find \$61.25 renewal.

Thank ^{you} for help.

Arlyn D Adinolfi

941-488-7036