

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04000006240

1. Corporation Name

SARASOTA AREA SPORTS AUTHORITY, INC

wt-14520

2. Principal Office Address - No P.O. Box #

300 FAITH AVENUE

Suite, Apt. #, etc.

City & State

OSPREY, FLORIDA

Zip

34229

Country

USA

3. Mailing Office Address

300 FAITH AVENUE

Suite, Apt. #, etc.

City & State

OSPREY, FLORIDA

Zip

34229

Country

USA

7. Name and Address of Current Registered Agent

Name

JOHN E BROWN

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

6151 LAKE OSPREY DRIVE

Suite, Apt. #, Etc.

THIRD FLOOR

City

SARASOTA

State

FL

Zip Code

34240

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

REGISTERED AGENT MUST SIGN

Date *3-23-10*

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
PRESIDENT	PATRICK M CALHOON	300 FAITH AVE	OSPREY, FLORIDA 34229
VP	MICHAEL BAYER	2630 HIBISCUS	SARASOTA, FLORIDA 34239
TREASURER	NICOLE RISSLER	1347 GEORGETOWN CIRCLE	SARASOTA, FLORIDA 34232
SECRETARY	JOE DIPUMA	6670 TAEDA DRIVE	SARASOTA, FLORIDA 34241

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10. E-mail Address: *pmc11baseball@comcast.net*

(To be used for future annual report notification)

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. I further certify, 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

3/25/10 *9413563298*
Date Daytime Phone #

FILED

10 MAY 10 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300176536993
04/20/10--01020--005 **183.75

REINSTATEMENT *02-1D*

4. Date Incorporated or Qualified
To Do Business in Florida 6/23/2004

5. FEI Number
201583684

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.