

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVE
AND
FILE

06 AUG 22 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N09154

1. Corporation Name

WISCONSIN ALUMNI ASSOCIATION OF SARASOTA-MANATEE, INC.

2. Principal Office Address

46 NORTH WASHINGTON BLVD

3. Mailing Office Address

8944 WHITEMARSH AVE

Suite, Apt. #, etc.

18

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA FL

Zip

34236

Country

USA

Zip

34238

Country

USA

REINSTATEMENT

04-06

4. Date Incorporated or Qualified
To Do Business in Florida

05/08/1985

5. FFL Number

650039321

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

ALLAN E JONES

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

5309 SIESTA CT

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34242

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

Allan E Jones

Date

8-18-06

REGISTERED AGENT MUST SIGN

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
D/P	JIM MARTINSEN	4715 CARRINGTON CIR	SARASOTA FL 34243
D/VP	ALLAN E JONES	5309 SIESTA CT	SARASOTA FL 34242
D/S	MARILLOU CHAPMAN	1511 SCARLET OAK LANE	BRADENTON FL 34209
D/T	EMER SCHAEFER	8944 WHITEMARSH AVE	SARASOTA FL 34238

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 contained in Chapter 119, 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:

Allan E Jones

ALLAN E JONES, DVP

8-18-06 941-954-1685

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/22/06