

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 NOV 25 PM 6:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N09154

1. Corporation Name

WISCONSIN ALUMNI ASSOCIATION OF SARASOTA-MANATEE, INC

REINSTATEMENT

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

13505 N Branch Rd

Suite, Apt. #, etc.

3. Mailing Office Address

13505 N Branch Rd

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34240

Country

USA

City & State

Sarasota, FL

Zip

FL

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
5/8/1985

5. FEI 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

Jennifer M. Steube

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

13505 N Branch Rd

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34240

800254198648
11/25/13--01046--008 **603.75

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

Jennifer M. Steube
REGISTERED AGENT MUST SIGN

Date 11/14/13

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	Lois Berninger	5508 37 th Ave E.	Bradenton, FL 34208
D/vp	Donald Leidel	5420 Eagles Point Circle	Sarasota, FL 34231
D/T	Jennifer Steube	13505 N Branch Rd	Sarasota, FL 34240
DI	Mary Moss	1800 Ben Franklin Dr	Sarasota FL 34236
D	Susan Okey	6014 Demarco Ct.	Sarasota, FL 34238
D	Keith Jones	2110 Timucua Trl.	Nokomis, FL 34275

10. E-mail Address: jenSteube22@gmail.com

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Jennifer M. Steube Jennifer M. Steube
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/13

941.343.7583

Date NOV 25 2013 Anytime Phone #

C. CARROTHERS