

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 DEC 13 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N20766

1. Corporation Name

SAULSTARI CONDOMINIUM ASSOCIATION, INC.
3400 Tyne Lane
Sarasota, Florida 34232

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

3400 Tyne Lane

Suite, Apt. #, etc.

City & State

Sarasota, Florida

Zip

34232

Country

USA

3. Mailing Office Address

3400 Tyne Lane

Suite, Apt. #, etc.

City & State

Sarasota, Florida

Zip

34232

Country

USA

800254367698
12/03/13--01016--004 **1155.00

CR2E081 (11/10)

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59 2840990

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

Henry P. Trawick, Jr.

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

2033 Wood Street, Suite 218

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34237

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 11-9-13

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
PD	Anda K. Sipolins	3400 Tyne Lane	Sarasota, Fl 34232
VP	Douglas D. Sipolins	3400 Tyne Lane	Sarasota, FL 34232
TD	Girts Sipolins	3400 Tyne Lane	Sarasota, Fl 34232
D	Inta Sipolins Zobs	3400 Tyne Lane	Sarasota, Fl 34232
REINSTATEMENT			
DEC 03 2013			
R. HUNT			

10. E-mail Address: ~~XXXXXXXXXXXX~~ lsipolins@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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-9-13

Date

613-2658785

Daytime Phone #