


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		2024 OCT 31 AM 12:23 STATE TALLAHASSEE, FL 000438925530 11/01/24--01003--001 **358.75	
DOCUMENT # <u>Sarasota/Manatee RC, The</u> 1. Corporation Name N21000006497					
2. Principal Office Address - No P.O. Box # 4975 Gulf of Mexico Drive		3. Mailing Office Address 4975 Gulf of Mexico Drive			
Suite, Apt. #, etc. unit 303		Suite, Apt. #, etc. unit 303			
City & State Longboat Key, FL		City & State Longboat Key, FL			
Zip 34228	Country US	Zip 34228	Country US		
7. Name and Address of Current Registered Agent					
Name Debra Williams					
Street Address (P.O. Box Number is Not Acceptable) 4975 Gulf of Mexico Drive					
Suite, Apt. #, Etc. unit 303					
City Longboat Key	State FL	Zip Code 34228			
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 <u>[Signature]</u> Date <u>10/25/2024</u> 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	
P President	Debra Williams	4975 Gulf of Mexico Drive unit 303		Longboat Key, FL 34228	
V Vice-President	Doug Dolan	8119 Waterbend Trail		Sarasota, FL 34240	
T Treasurer	Wally Zampella	2454 Mangum Court		Sarasota, FL 34237	
S Secretary	Joanna Martinez	6304 Thomson Circle		Bradenton, FL 34201	
				REV 1-2024 M. WILLIAMS	
10. E-mail Address: <u>ruclubsarasotamanatee@gmail.com</u> (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: <u>[Signature]</u> Date <u>10/25/2024</u> 732-319-4511 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					