

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 DEC -1 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N22308

1. Corporation Name

A TASTE OF MANATEE COUNTY, INC.

Principal Place of Business

Mailing Address

~~6017 MANATEE AVE W~~
~~6017 MANATEE~~
BRADENTON FL 34209
US

~~6017 MANATEE AVE W~~
~~6017 MANATEE~~
~~BRADENTON FL 34209~~
US

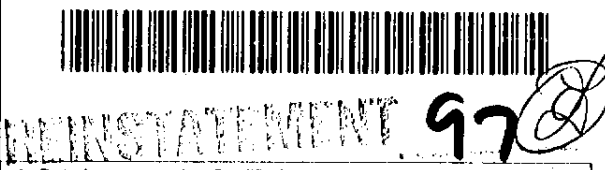
If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

~~PO Box 9869~~
Suite, Apt. #, etc.
5917 Manatee Ave
City & State
BRADENTON FL
Zip
34209
Country
MANATEE

~~PO Box 9869~~
Suite, Apt. #, etc.
5917 Manatee Ave.
City & State
BRADENTON FL
Zip
34206
Country
MANATEE



4. Date Incorporated or Qualified To Do Business in Florida: 08/31/1987

5. FEI Number: 59-2842902
Applied For: Not Applicable:

6. CERTIFICATE OF STATUS DESIRED \$6.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	GAULT, LINDA	5917 MANATEE AVE W	BRADENTON FL 34209
VD	COFFEY, FREDERICK	2803 60TH AVE E	ELLENTON F
VD	SPALLING, JOAN	210 GULF DR S	BRADENTON FL
TD	CROWLEY, SUSAN T.D. TINA PEANING	6411 18TH AVE E 5131 14th ST W	BRADENTON FL BRADENTON FL 34207

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-12/03/97-01089-019
****236.25 ****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GAULT, LINDA 5917 MANATEE AVE W BRADENTON FL 34209	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State Zip Code
	BRADENTON, FL	34209

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *Linda G Gault*
REGISTERED AGENT MUST SIGN

Date: 10-25-97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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: *Linda G Gault*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 10-25-97
Daytime Phone #: 941-792-0560

CR2040 (8/97)