

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED**  
**Aug 23, 2005**  
**Secretary of State**

DOCUMENT# N22308

**Entity Name:** A TASTE OF MANATEE COUNTY, INC.

**Current Principal Place of Business:**

4904 W COUNTRY CLUB DR  
SARASOTA, FL 34243 US

**New Principal Place of Business:**

2945 TAYWOOD MEADOW  
SARASOTA, FL 34235 US

**Current Mailing Address:**

P O BOX 9868  
BRADENTON, FL 34206 US

**New Mailing Address:**

P O BOX 9869  
BRADENTON, FL 34206 US

**FEI Number:** 59-2842902      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

COFFEY, FREDRICK  
4904 W COUNTRY CLUB DR  
SARASOTA, FL 34243 US

**Name and Address of New Registered Agent:**

COFFEY, FREDRICK  
2945 TAYWOOD MEADOW  
SARASOTA, FL 34235 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: FREDERICK COFFEY

08/23/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: GAULT, LINDA  
Address: 7406 13 AVE W  
City-St-Zip: BRADENTON, FL 34209

Title: VTD ( ) Delete  
Name: COFFEY, FREDERICK  
Address: 4904 W COUNTRY CLUB DR  
City-St-Zip: SARASOTA, FL 34243

Title: PD (X) Delete  
Name: GALLO, TONY  
Address: 1502 5TH ST W  
City-St-Zip: PALMETTO, FL 34221

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: GALLO, ANTHONY  
Address: 1502 5TH ST W  
City-St-Zip: PALMETTO, FL 34221

Title: VTD (X) Change ( ) Addition  
Name: COFFEY, FREDERICK  
Address: 2945 TAYWOOD MEADOW  
City-St-Zip: SARASOTA, FL 34235

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FREDERICK COFFEY

VTD

08/23/2005

Electronic Signature of Signing Officer or Director

Date