

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N24830**

1. Corporation Name

ASSOCIATION OF SARASOTA BY THE SEA SUBDIVISION N O. 1

Principal Place of Business

6760 SARA SEA CIRCLE
 SARASOTA FL 34242-2521

Mailing Address

~~BETH CALLANS MGMT.
 550 BAY ISLES ROAD
 LONGBOAT KEY FL 34228~~

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

~~6760 SARA SEA CIRCLE
 6760 SARA SEA CIRCLE
 SARASOTA, FL
 34242-2501 USA~~

4. Date Incorporated or Qualified To Do Business in Florida

02/12/1988

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 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	4 City / State / Zip
DP	RATENI, TONY	6744 SARA SEA CIRCLE	SARASOTA FL 34242
ST PD	KOCH, MICHAEL	6760 SARA SEA CIRCLE	SARASOTA FL 34242
VPD	ISPASOGB, R.A. KEN GROVES	6720 SARA SEA CIRCLE 6738 SARA SEA CIRCLE	SARASOTA FL 34242
			500004725065--4 -12/13/01--01069--001 ****236.25 ****236.25
			REINSTATEMENT 18

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~CALLANS, BETH
 550 BAY ISLES ROAD
 LONGBOAT KEY FL 34228~~

Name
MARY ANN G. MUIR
 Street Address (P.O. Box Number is Not Acceptable)
6760 SARA SEA CIRCLE
 Suite, Apt. #, Etc.
SIESTA KEY
 City
SARASOTA State **FL** Zip Code **34242-2501**

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

Mary Ann G. Muir SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date 11/20/01

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., 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:

Mary Ann G. Muir SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/26/01

(941) 349-3244
 Daytime Phone #

FILED
 01 DEC -3 PM 2: 22
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



CR2E040 (8/01)