

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR 16 PM 12:40

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # N25798

1. Corporation Name

Forty Three West of Sarasota, Section
One, Condominium Association, Inc.

2. Principal Office Address

c/o Progressive Comm. Mgt.

Suite, Apt. #, etc.

1801 Glengary St.

City & State

Sarasota, FL

Zip

34231

Country

USA

3. Mailing Office Address

c/o Progressive Comm. Mgt.

Suite, Apt. #, etc.

1801 Glengary St.

City & State

Sarasota, FL

Zip

34231

Country

USA

REINSTATEMENT 92-06
CR2E0811(12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

April 6, 1988

5. FEI Number

650066836

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

Telese B. McKay, Esq.

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

c/o McKay Law Firm, P.A., 2055 Wood St.

Suite, Apt. #, Etc.

Suite 120

City

Sarasota

300069443643

04/04/06 01054 002 **1102.50

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

Telese B. McKay
REGISTERED AGENT MUST SIGN

Date 2-27-06

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
D/Sec.	Jo Anne Whalen	4498 Winston Lane	Sarasota, FL 34235
AS	JIM MARKEL	1801 GLENGARY STREET	SARASOTA, FL 34231
AT	William Sutton	1801 GLENGARY STREET	SARASOTA, FL 34231

10. 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 contained in Chapter 119, 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:

Jo Anne Whalen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/06

Date

955-8200

Daytime Phone #