

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2007 JAN 18 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N29830

1. Corporation Name

Rotary Club of Sarasota Sunset, Inc.

2. Principal Office Address

P.O. Box 19462
3417 FAIRVIEW DR
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 19462
3417 FAIRVIEW DR
Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34276 39

Country

USA

Zip

34276 39

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/21/1988

5. EEL Number

650120936

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

Remle C. Willett

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

3417 FAIRVIEW DR

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34239

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

Remle C. Willett

REGISTERED AGENT MUST SIGN

Date 11-16-06

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
PD	Steven Panitch	6284 Aventura Dr.	Sarasota, FL 34241
VD	Judith Hillery	1109 Scherer Way	Osprey, FL 34229
TD	Remle Willett	3417 Fairview	Sarasota, FL 34230
D	Laurie Copp	7456 Blaine Way	Sarasota, FL 34231
D	Gail Maynard	852 Hudson Avenue	Sarasota, FL 34236

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

Gail C. Maynard

Gail C. Maynard

11/15/2006

941-320-4193

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/19