

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N31429

1. Corporation Name

SARASOTA COUNTY YOUTH FOUNDATION, INC.

Principal Place of Business

Mailing Address

% CHARLES J. BARTLETT
2033 MAIN ST. SUITE 600
SARASOTA FL 34237-6052

% CHARLES J. BARTLETT
2033 MAIN ST. SUITE 600
SARASOTA FL 34237-6052

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

03/30/1989

5. FEI Number

65-0113865

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	HOWELL, EDWARD	1000 S. SCHOOL AVE.	SARASOTA FL 34233
DVP	JORDAN, RICH	4171 FRUITVILLE RD.	SARASOTA FL 34239
ST	ANDERSON, PHYLLIS	525 FRUITVILLE RD.	SARASOTA FL 34239
D	KERASICK, HOWARD	540 N. TRAIL 5304 Fox Run Road	SARASOTA FL 34236 34231

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-12/11/98-01022-005
****236.25 ****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BARTLETT, CHARLES J
2033 MAIN STREET
SUITE 600
SARASOTA FL 34237

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Howard Kerasick

REGISTERED AGENT MUST SIGN

Date

12/1/98

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:

Howard Kerasick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/29/98

Daytime Phone #

941 922-2400

CR2E040 (9/95)