PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				07 APR 30 PM 2: 16 JECRETARY OF STATE TALLAHASSEE, FLORIDA		
DOCUMENT # N 33380 1. Corporation Name DAV - BEE RIDGE CHAPTER 97, Inc.						
רור	BEE RIDGE RD.	בורות שפ	E RIDGE R.J	EINST	TATEMENTU_~	
· ·		Suite and # atc	uita an # arc		4. Date Incorporated or Qual To Do Business in Florida 7 24 1989	
SAR	ATOCA	SARASOTA		5. 59-2138100 Applied For Not Applicable		
FC	1 <i>PGPE</i>	FC	34841	6. CERTIFICATE (SB.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent						
	JOHU EAGEN					
	7177 BEE RIDGE ROAD				193611209 - 91832 - 887 - ***428. #8	
	SARASOTA				State 34841	
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 Date REGISTERED AGENT MOST SIGN						
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	
$\mathcal{C}\mathcal{D}$	UBOAF UHOL	916	2129 CRAMPTON AVE.		SARA 95TA, PL 34235	
SVP	WIKE DISCIOL	E05 IT	a) AUDA L	A BUD.	SARASOTA, FL34841	
TW	RICHARD SWI	R 671	GJ18 BASED CASTILLE		SARASOTA, PL34238	
Should B	JOHN DE STEF	3982 CUA	3 CHRIZITE	ANN R.	SARASOTA, FL 34233	
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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 filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #						