

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 NOV -3 PM 5:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N40541**

1. Corporation Name

SARASOTA COUNTY VOCATIONAL-TECHNICAL CENTER FOUNDATION, INC.

Principal Place of Business

C/O 4748 BENEVA ROAD
SARASOTA FL 34233

Mailing Address

C/O 4748 BENEVA ROAD
SARASOTA FL 34233



REINSTATEMENT 2003

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

4. Date Incorporated or Qualified
To Do Business in Florida

10/26/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0251553

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	STORMS, WILLIAM A. JR. ANDERSEN, BRUCE E.	% 4748 BENEVA ROAD	SARASOTA FL 34233
VPD	DURRANCE, JEFFRI STRAW, PETER D.	4748 BENEVA RD.	SARASOTA FL 34233
TD	ELLIS, GARY DEVEAU, KENNETH	27520 STICKNEY POINT RD c/o 4748 BENEVA Road	SARASOTA FL 34231 SARASOTA, FL 34233
S	LARONCE, HARRIETTE WHITE, TIM	4748 BENEVA RD	SARASOTA FL 34233
			200024381492 11/03/03--01068--029 **236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~STORMS, WILLIAM A. JR.~~
~~4748 BENEVA ROAD~~
~~SARASOTA FL 34233~~

Name
ANDERSEN, BRUCE E.

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

4748 Beneva Road

Suite, Apt. #, Etc.

City
Sarasota

State
FL

Zip Code
34233

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/27/03

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/29/03 941-924-1365
Daytime Phone #X.62325

CR2E040 (7/03)