

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # N 94000000509

1. Corporation Name

RN, Club of Manatee-Sarasota, Inc.

Principal Place of Business

Mailing Address

~~910 9th Street West~~
~~Bradenton, FL 34205~~

REINSTATEMENT

97 FEB 28 PM 3: 56

95 660002106386--6
-03/06/97--01095--005
****358.75 ****358.75

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

2209 9th St. W

Suite, Apt. #, etc.

City & State

Bradenton, FL

Zip

34205

Country

Manatee

3. New Mailing Address, If Applicable

1528 47th Ave. Dr. E.

Suite, Apt. #, etc.

City & State

Ellenton, FL

Zip

34222-2658

Country

Manatee

4. Date Incorporated or Qualified
To Do Business in Florida

January 24, 1994

5. FEI Number

31-4767450

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	Patricia F. McMichael	1528 47th Avenue Drive, East	Ellenton, FL 34222
V/D	Irma Taylor	148 Crescent Drive	Anna Maria, FL 34216
T/D	Betty Redman	5100 60th Street East H-4	Bradenton, FL 34203
S/D	Florence Pelletier	2715 2nd Avenue West	Bradenton, FL 34205

SP 2/22/97

8. Name and Address of Current Registered Agent

Irma Taylor
148 Crescent Drive
P.O. Box 456
Anna Maria, FL 34216

9. Name and Address of New Registered Agent

Name
Patricia F. McMichael
Street Address (P.O. Box Number is Not Acceptable)
1528 47th Ave. Dr. E.
Suite, Apt. #, Etc.
City
Ellenton
State
FL
Zip Code
34222-2658

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

Patricia F. McMichael
REGISTERED AGENT MUST SIGN

Date 2/22/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Patricia F. McMichael
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/97

Date

941-722-7902

Daytime Phone #

CR2E040 (12/95)