

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000000072**

1. Corporation Name

THE SARASOTA DOWNTOWN FOUNDATION, INC.

Principal Place of Business

MAIN
1818 ~~MAIN~~ STREET
SARASOTA FL 34236
US

Mailing Address

P O BOX 3895
SARASOTA FL 34230
US

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

01/05/1995

5. FEI Number

65-0621028

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	4 City / State / Zip
D	JEWETT, CHARLES	1818 MAIN STREET 1818 MAIN STREET	SARASOTA FL 34236
D	WOOD, MARCIA	1818 MAIN STREET 1818 MAIN STREET	SARASOTA FL 34236
D	FEHILY, JACK	2000 TANGLEWOOD DRIVE	SARASOTA FL 34239
D	SEGRETI, ADAM	1429 MAIN STREET	SARASOTA FL 34236

8. Name and Address of Current Registered Agent

HARRISON, CRAIG R
1605 MAIN STREET
SARASOTA FL 34236

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
700003457807--3
Suite, Apt. #, Etc.
11/08/00-01085-021
***236.25 ***236.25
City State Zip Code
FL

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/16/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
Charles W. Jewett

10/16/01

Date

941.926.8823

Daytime Phone #

CR2E040 (8/00)