

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 AUG 17 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000002348

1. Corporation Name

Sarasota County Coalition for the Homeless, Inc.

Po Box 3626

PO Box 3626

2. Principal Office Address

Po Box 3626

Suite, Apt. #, etc.

City & State

Sarasota, Florida

Zip

34230

Country

USA

3. Mailing Office Address

PO Box 3626

Suite, Apt. #, etc.

City & State

Sarasota, Florida

Zip

34230

Country

USA

REINSTATEMENT 03-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

May 16, 1995

5. FEI Number
65-0585396

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Dr. Chrissie Budd, CFRE

Street Address (P.O. Box Number is Not Acceptable)
6216 Macaw Glen

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34202

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

Dr. Chrissie Budd

REGISTERED AGENT MUST SIGN

Date

8/4/04

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
P	Colleen Reardon	1970, 4th Floor, Main Street-	Sarasota, Florida 34236
VP	Dr. Chrissie Budd, CFRE	6216 Macaw Glen	Bradenton, Florida 3202
S	Heather Eller	1401 16th Street	Sarasota, Florida 34236

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 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:

Dr. Chrissie Budd DR CHRISIE BUDD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/4/04 941-302-2309

Daytime Phone #

CF2E081 (01/04)