

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JAN 16 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000004563			
1. Corporation Name Executive ~Service Corps of Manasota, Inc.			
2. Principal Office Address Executive Service Suites Suite, Apt. #, etc. 677 N Washington Blvd City & State Sarasota, FL Zip 34236 Country USA		3. Mailing Office Address Executive Service Suites Suite, Apt. #, etc. 677 N Washington Blvd City & State Sarasota, FL Zip 34236 Country USA	

REINSTATEMENT 00-02

700010158107
01/16/03--01049--007 **358.75

4. Date Incorporated or Qualified To Do Business in Florida 09/22/1995	
5. FEI Number 65-0614673	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Bette Seigerman		
Street Address (P.O. Box Number is Not Acceptable) 101 Sunset Drive		
Suite, Apt. #, Etc. Suite 303C		
City Sarasota	State FL	Zip Code 34236

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 Bette Seigerman Date 01/05/02

REGISTERED AGENT MUST 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
DP	Bette Seigerman	101 Sunset Dr, 303C	Sarasota, FL 34236
DVP	Hugh Henig	8716 54th Avenue East	Bradenton, FL 34202
DT	Norman Lee	5422 Chantilly	Sarasota, FL 34235
DAS	Norman Lewis	5055 Gulf of Mexico Dr	Longboat Key, FL 34228
D	Robert C Black	3060 Grand Bay Blvd, 136	Longboat Key, FL 34228
D	Leslie Fishman	1070 Westway Dr	Sarasota, FL 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: Bette Seigerman BETTE SEIGERMAN-1/5/02-941-951-2355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #