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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

08 DEC -5 AM 8:57

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
400136688804
12/05/08--01038--007 **358.75

DOCUMENT # N97000000104

1. Corporation Name

SOUTHWEST FLORIDA PLANNED GIVING
COUNCIL, INC.

2. Principal Office Address - No P.O. Box #

2635 FRUITVILLE ROAD

3. Mailing Office Address

PO BOX 49587

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA FL

Zip

34237

Country

US

Zip

34230-6587

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

01/02/1997

5. FEI Number

65-0723461

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

Thomas P. Waters

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

2635 Fruitville Road

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34237

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Thomas P. Waters

REGISTERED AGENT MUST SIGN

Date

10/3/08

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
D	GANS, RICHARD	c/o Community Fed of Sarasota County 2635 Fruitville Road	Sarasota, FL 34237
D	HARMAN, JAMES		
D	WATERS, TOM		
D	PRIDMORE, FAITH		
D	RICH, MELODIE		
D	HUDSON, PAUL		

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 contained in Chapter 119, 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

Date

Daytime Phone #

12/8

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FLORIDA DEPARTMENT OF STATE
CORPORATION REINSTATEMENT
SOUTHWEST FLORIDA PLANNED GIVING COUNCIL, INC.

BOARD OF DIRECTORS -CONTINUATION SHEET			
Titles	Name of Director	Street Address of Director	City / State / Zip
D	CONSTANTINO, RUSS	↓	
D	FIELD, SUELLEN		
D	OLSON, SUSAN		
T	HOWARD, MARILYN		
D	SISEK, MARGARET		
D	LINEWEAVER, JOHN		