

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -3 PM 4:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N9700000 0652

1. Corporation Name

Sarasota Community Blood Bank
Foundation, Inc.

2. Principal Office Address

1760 Mound Street

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34236

Country

Sarasota

3. Mailing Office Address

1760 Mound Street

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34236

Country

Sarasota

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

11/24/1997

5. FEI Number

65-0823005

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

LPS Corporate Services, Inc.

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

46 North Washington Boulevard, Suite 1

Suite, Apt. #, Etc.

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

[Signature] VP LPS Corporate Services, Inc.

Date 4/21/04

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
DY	Mary Lynn Desjarlais	8075 Beneva Rd. S.	Sarasota, FL 34238
DS	Mark Magenheimer	4571 Robinhood Trail	Sarasota, FL 34232
DP	James Toale	22 S. Tuttle Avenue #3	Sarasota, FL 34237
DT	James Buck	5207 Hidden Harbor Rd.	Sarasota, FL 34242

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.23.2004 (941) 954-1600

Date

Daytime Phone #

CR2E081 (01/04)